

**citibank**

Citibank N.A. Hyderabad  
IFSC: CITT00000006

वर्तनी करी की करीय की १ रुपया के लिए है / वर्तनी करी की करीय की १ रुपया के लिए है

दिनांक  
Date

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|

वर्तनी करी की Or Bearer

Pay

वर्तनी Rupees

वर्तनी No.  
A/c No. 5119395552

~~CANCELLED~~

अदा करी।

₹

SATHISH SRIRAMU

Payable at Par at all Citibank branches in India  
GCB/ISA

⑈ 335149⑈ 50003700⑈ 181995⑈ 3⑈

प्रेस करी करी की / प्रेस करी करी की

**CLAIM FORM - PART A**  
**TO BE FILLED IN BY THE INSURED**  
The name of this Form is not to be taken as an admission of liability

(To be filled in block letters)

**DETAILS OF PRIMARY INSURED:**

a) Policy No.  To St. Nat. Certificate No.   
 c) Company / TPA ID No.   
 d) Name: **SATHISH SRIRAMOJU**  
 e) Address: **H-20-16-116/7/11, SLR, H0205**  
**HALARAPUDYHAKARZIGY, BEERAKAPUR**  
 City: **HYDERABAD** State: **TELANGANA**  
 Pin Code: **502032** Phone No. **91760705349** Email ID: **SATHISHSRIRAMOJU@GMAIL.COM**

**DETAILS OF INSURANCE HISTORY:**

a) Currently covered by any other Mediclaim / Health Insurance: ☐ Yes ☒ No In Date of commencement of first insurance without break:   
 c) If yes, company name  Policy No.   
 Sum Insured (Rs.)  d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☒ No  
 Diagnosis  e) Previously covered by any other Mediclaim / Health Insurance: ☐ Yes ☒ No  
 f) If yes, Company Name

**DETAILS OF INSURED PERSONS HOSPITALIZED:**

a) Name: **SATHISH SRIRAMOJU**  
 b) Gender: Male ☒ Female ☐ (Age year) **03** (Month) **02** Date of Birth: **04 03 18**  
 c) Relationship to Primary Insured: Self ☐ Spouse ☐ Child ☒ Father ☐ Mother ☐ Other  (Please Specify)  
 d) Occupation: Service ☐ Self Employed ☐ Homemaker ☐ Student ☒ Retired ☐ Other  (Please Specify)  
 e) Address (if different from above)   
 City:  State:   
 Pin Code:  Phone No.  Email ID:

**DETAILS OF HOSPITALIZATION:**

a) Name of Hospital where Admitted: **KIMS HOSPITAL**  
 b) Room Category occupied: Day care ☐ Single occupancy ☒ Twin sharing ☐ 3 or more beds per room ☐  
 c) Hospitalization due to: Injury ☐ Illness ☒ Maternity ☐ d) Date of Injury / Date Disease first detected / Date of Delivery: **05 05 21**  
 e) Date of Admission: **05 05 21** f) Time: **03:52** g) Date of Discharge: **08 05 21** h) Time: **04:28**  
 i) If Injury give cause: Self inflicted ☐ Road Traffic Accident ☐ Substance Abuse / Alcohol Consumption ☐ j) If Medical legal: ☐ Yes ☒ No  
 k) Reported to police: ☐ Yes ☒ No l) MLC Report & Police FIR attached: ☐ Yes ☒ No m) System of Medicine:

**DETAILS OF CLAIM:**

a) Details of the treatment expenses claimed:  
 i. Pre-hospitalization Expenses: Rs.  ii. Hospitalization Expenses: Rs. **114681**  
 iii. Post-hospitalization Expenses: Rs.  iv. Health-Check up Cost: Rs.   
 v. Ambulance Charges: Rs.  vi. Others (under):  Rs.   
**Total Rs. 114681**  
 vii. Pre-hospitalization period: days  viii. Post-hospitalization period: days   
 b) Claim for Domiciliary Hospitalization: ☐ Yes ☒ No (If yes, provide details in annexure)  
 c) Details of Lump sum / cash benefit claimed:  
 i. Hospital Daily Cash: Rs.  ii. Surgical Cash: Rs.   
 iii. Critical Illness Benefit: Rs.  iv. Convalescence: Rs.   
 v. Pre/Post Hospitalization Lump sum benefit: Rs.  vi. Others:  Rs.   
**Total Rs.**

**Claim Documents Submitted Check List**

- ☒ Claim Form duly signed  
☐ Copy of the claim certificate, if any  
☒ Hospital Main Bill  
☐ Hospital Break-up Bill  
☐ Hospital Bill Payment Voucher  
☒ Hospital Discharge Summary  
☐ Pharmacy Bill  
☐ Operation Theatre Invoice  
☐ BCG  
☐ Doctor's request for investigation  
☐ Investigation Reports (including CT, MRI, Ultrasound, etc.)  
☒ Doctor's Prescription  
☐ Others

**DETAILS OF BILLS ENCLOSED:**

| Sl. No. | Bill No.    | Date            | Issued by | Towards                    | Amount (Rs.)  |
|---------|-------------|-----------------|-----------|----------------------------|---------------|
| 1.      | <b>PAID</b> | <b>08 05 21</b> |           | Hospital Main Bill         | <b>114681</b> |
| 2.      | <b>1203</b> |                 |           | Pre-hospitalization Bills  |               |
| 3.      |             |                 |           | Post-hospitalization Bills |               |
| 4.      |             |                 |           | Pharmacy Bills             |               |
| 5.      |             |                 |           |                            |               |
| 6.      |             |                 |           |                            |               |
| 7.      |             |                 |           |                            |               |
| 8.      |             |                 |           |                            |               |
| 9.      |             |                 |           |                            |               |
| 10.     |             |                 |           |                            |               |

**DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:**

a) PAN: **ABUP543428** b) Account Number: **5719395552**  
 c) Bank Name and Branch: **STATE BANK OF HYDRABAD**  
 d) Charges / DD Payable details: **SATHISH SRIRAMOJU** e) IFSC Code: **STHB0000000**

**DECLARATION BY THE INSURED:**

I hereby declare that the information furnished in this form is true and correct to the best of my knowledge and belief. If I have made any false or untrue statements, I understand the consequences of any material false work report to my employer will be subject to the terms of my contract. I am aware that I am required to maintain my health insurance coverage for the entire duration of my employment. I understand that if I fail to maintain my health insurance coverage, I may be subject to a penalty. I understand that if I fail to maintain my health insurance coverage, I may be subject to a penalty. I understand that if I fail to maintain my health insurance coverage, I may be subject to a penalty.

Date **12 25 21**

Print **HYUNGBEAD**

Signature of the Insured

*[Signature]*

**GUIDANCE FOR FILING CLAIM FORM - PART A (To be filled in by the insured)**

| DATA ELEMENT  | DESCRIPTION   | FORMAT   |
|---|---|--|
| <b>SECTION A - DETAILS OF PRIMARY INSURED</b>                                       |   |  |
| a) Primary No.  | Enter the policy number   | As advised by the insurance company                          |
| b) ID No. / Address No.   | Enter the group membership number or the certificate number of health benefit, submitted to you | As advised by the organization                               |
| c) Company ID No.   | Enter the CVA ID No.  | Group number as advised by HR/HR department or HR department |
| d) Name   | Enter the full name of the policyholder   | Surname, First name, Middle name                             |
| e) Address  | Enter the full postal address   | Include Street, City and Pin Code                            |
| <b>SECTION B - DETAILS OF INSURANCE HISTORY</b>                                     |   |  |
| a) Primary covered by any other Medihem / Health Insurance?                         | Indicate whether currently covered by another Medihem / Health Insurance                        | Tick Yes or No   |
| b) Date of Commencement of First Insurance without break                            | Enter the date of continuous cover of first insurance   | Use dd-mm-yy format  |
| c) Company Name   | Enter the full name of the insurance company  | Name of the organization as full                             |
| d) Policy No.   | Enter the policy number   | As advised by the insurance company                          |
| e) Date of Birth  | Enter the date of birth as per the policy   | As required  |
| f) Have you been hospitalized in the last four years since inception of the system? | Indicate whether hospitalized in the last four years  | Tick Yes or No   |
| g) Date   | Enter the date of hospitalization   | Use dd-mm-yy format  |
| h) Diagnosis  | Enter the diagnosis details   | Open Text  |
| i) Previously Covered by any other Medihem / Health Insurance?                      | Indicate whether previously covered by another Medihem / Health Insurance                       | Tick Yes or No   |
| j) Company Name   | Enter the full name of the insurance company  | Name of the organization as full                             |
| <b>SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED</b>                           |   |  |
| a) Name   | Enter the full name of the patient  | Surname, First name, Middle name                             |
| b) Gender   | Indicate Gender of the patient  | Tick Male or Female  |
| c) Age  | Enter age of the patient  | Number of years and months                                   |
| d) Date of Birth  | Enter Date of Birth of patient  | Use dd-mm-yy format  |
| e) Relationship to primary insured  | Indicate relationship of patient with policyholder  | Tick the right option. If others, please specify             |
| f) Occupation   | Indicate occupation of patient  | Tick the right option. If others, please specify             |
| g) Address  | Enter the full postal address   | Include Street, City and Pin Code                            |
| h) Phone No.  | Enter the phone number of patient   | Include STD code with telephone number                       |
| i) E-mail ID  | Enter e-mail address of patient   | Complete e-mail address                                      |
| <b>SECTION D - DETAILS OF HOSPITALIZATION</b>                                       |   |  |
| a) Name of Hospital where admitted  | Enter the name of hospital  | Name of hospital as full                                     |
| b) Room category occupied   | Indicate the room category occupied   | Tick the right option  |
| c) Hospitalization due to   | Indicate reason of hospitalization  | Tick the right option  |
| d) Date of Injury/Date Disease first noticed/ Date of Delivery                      | Enter the relevant date   | Use dd-mm-yy format  |
| e) Date of admission  | Enter date of admission   | Use dd-mm-yy format  |
| f) Time   | Enter time of admission   | Use 24-hour format   |
| g) Date of discharge  | Enter date of discharge   | Use dd-mm-yy format  |
| h) Time   | Enter time of discharge   | Use 24-hour format   |
| i) Injury given event   | Indicate cause of injury  | Tick the right option  |
| j) Station legal  | Indicate whether injury is medical legal  | Tick Yes or No   |
| k) Reported to Police   | Indicate whether police report was filed  | Tick Yes or No   |
| l) MLC Report & Police FIR attached   | Indicate whether MLC report and Police FIR attached   | Tick Yes or No   |
| m) Report of Medicine   | Enter the report of medicine followed in treating the patient                                   | Open Text  |
| <b>SECTION E - DETAILS OF CLAIM</b>   |   |  |
| a) Details of Treatment Expenses  | Enter the amount claimed as treatment expenses  | As required (Do not enter gross values)                      |
| b) Claim for Domestic Hospitalization   | Indicate whether claim is for Domestic Hospitalization  | Tick Yes or No   |
| c) Details of Lump sum/ cash benefit claimed  | Enter the amount claimed as lump sum/ cash benefit  | As required (Do not enter gross values)                      |
| d) Claim Treatment Subsequent Check List  | Indicate which supporting documents are submitted   | Tick the right option  |
| <b>SECTION F - DETAILS OF BILLS ENCLOSED</b>  |   |  |
| Indicate which bills are enclosed with the amount of request                        |   |  |
| <b>SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT</b>                        |   |  |
| a) PAN  | Enter the permanent account number  | As advised by the Income Tax department                      |
| b) Account Number   | Enter the bank account number   | As advised by the bank                                       |
| c) Bank Name and Branch   | Enter the bank name along with the branch   | Name of the Bank as full                                     |
| d) Cheque / DD payable details  | Enter the name of the beneficiary the cheque / DD should be made out to                         | Name of the beneficiary organization as full                 |
| e) IFSC Code  | Enter the IFSC code of the bank branch  | IFSC code of the bank branch as full                         |
| <b>SECTION H - DECLARATION BY THE INSURED:</b>                                      |   |  |

Read instructions carefully and complete data for all data in format, date, report form and sign



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# KIMS Hospital Enterprises Pvt.Ltd

1-112/86 Survey No 55/ee,  
Kondapur, Serilingampally,  
Hyderabad, Telangana.  
GST No - 36AAFC0620C126



**KIMS**  
HOSPITALS™

## In Patient Final Bill

Detailed

|                          |   |                       |                          |
|--------------------------|---|-----------------------|--------------------------|
| <b>Bill No</b>           | : FB2122001203                          | <b>Admission No</b>   | : IP2122001180           |
| <b>Bill Date</b>         | : 08-May-2021 04:23PM                   | <b>Discharge Date</b> | : 08-May-21              |
| <b>Patient Name</b>      | : Master. SHIVANSH SRIRAMOJU            | <b>S-W-D-B/D</b>      | : SATISH SRIRAMOJU       |
| <b>Date Of Admission</b> | : 05-May-2021 03:52 PM                  | <b>UMR No</b>         | : UMR21220003418         |
| <b>Consultant</b>        | : DR. PARAG S DEKATE / DR.AVINASH REDDY | <b>Age / Sex</b>      | : 3Y(s) 2M(s) 4D(s)/Male |
| <b>Department</b>        | : PAEDIATRICS                           | <b>Admitted Ward</b>  | : PICU / 610D            |
| <b>Address</b>           | : BEERAMGUDA<br>SANGA REDDY, TELANGANA  | <b>Referral</b>       | : WALKIN                 |

**Hospitalisation Charges From 05-May-21 3:52:44PM To 08-May-21 4:23:13PM**

| Service Code                | Services / Investigation                           | HSN/SAC Code | Qty. | Rate        | Amount           |
|-----------------------------|--|--------------|------|-------------|------------------|
| <b>Professional Charges</b> |  |              |      |             | <b>19,900.00</b> |
| <b>PAEDIATRICS</b>          |  |              |      |             | <b>19,900.00</b> |
| DM0411                      | CONSULTANT - DR. PARAG S DEKATE / DR.AVINASH REDDY |              | 1    | * 19,900.00 | 19,900.00        |
| <b>Ward Charges</b>         |  |              |      |             | <b>3,300.00</b>  |
| <b>ROOM CHARGES</b>         |  |              |      |             | <b>3,300.00</b>  |
| ROM0093                     | DMO CHARGES  | 999312       | 3    | * 1,100.00  | 3,300.00         |
| <b>Service Charges</b>      |  |              |      |             | <b>7,864.90</b>  |
| <b>EMERGENCY</b>            |  |              |      |             | <b>4,630.00</b>  |
| EME0032                     | INFUSION PUMP                                      | 999312       | 3    | * 140.00    | 420.00           |
| RNS0120                     | MEDICAL RECORDS- > 1 DAY                           | 999312       | 1    | * 830.00    | 830.00           |
| EME0019                     | MONITOR PER DAY                                    | 999312       | 3    | * 880.00    | 2,640.00         |
| EME0018                     | SYRINGE PUMP PER DAY                               | 999312       | 2    | * 370.00    | 740.00           |
| <b>FOOD AND BEWARGES</b>    |  |              |      |             | <b>1,233.00</b>  |
| FNB0200                     | ATTENDER MEALS                                     | 996333       | 5    | * 112.00    | 560.00           |
| FNB0012                     | BOILED EGGS (2 PCS)                                | 996333       | 3    | * 28.00     | 84.00            |
| FNB0199                     | CHAPATHI WITH VEG CURRY                            | 996333       | 1    | * 55.00     | 55.00            |
| FNB0165                     | COFFEE   | 996333       | 1    | * 21.00     | 21.00            |
| FNB0011                     | FRUIT SALAD  | 996333       | 1    | * 70.00     | 70.00            |
| FNB0086                     | KHICHIDI   | 996333       | 1    | * 84.00     | 84.00            |
| FNB5088                     | PATIENT BREAKFAST                                  | 996333       | 1    | * 55.00     | 55.00            |
| FNB0067                     | VEG FRIED RICE                                     | 996333       | 1    | * 139.00    | 139.00           |
| FNB0214                     | WATER MELON JUICE                                  | 996333       | 3    | * 55.00     | 165.00           |
| <b>HOSPITALITY SERVICES</b> |  |              |      |             | <b>660.00</b>    |
| HSP5013                     | WARD CONSUMABLES                                   | 999312       | 3    | * 220.00    | 660.00           |
| <b>Pharmacy Charges</b>     |  |              |      |             | <b>1,341.90</b>  |
| PHA0001                     | DRUG ADMINISTRATION CHARGES                        | 999312       | 1    | * 1,341.90  | 1,341.90         |
| <b>Laboratory Charges</b>   |  |              |      |             | <b>26,420.00</b> |
| <b>BIOCHEMISTRY</b>         |  |              |      |             | <b>19,940.00</b> |
| BIO0064                     | ABG (ARTERIAL BLOOD GASES)                         | 999316       | 1    | * 1,480.00  | 1,480.00         |
| BIO0002                     | CREATININE   | 999316       | 1    | * 370.00    | 370.00           |
| BIO0121                     | CRP  | 999316       | 2    | * 1,480.00  | 2,960.00         |
| BIO0092                     | D-DIMER  | 999316       | 1    | * 3,890.00  | 3,890.00         |
| BIO0003                     | ELECTROLYTES                                       | 999316       | 1    | * 1,350.00  | 1,350.00         |
| BIO0091                     | FERRITIN   | 999316       | 1    | * 2,810.00  | 2,810.00         |
| BIO5057                     | INTER LEUKIN-6 (IL6)                               | 999316       | 1    | * 4,290.00  | 4,290.00         |

KIMS HOSPITAL ENTERPRISES PVT LTD

# 1-112/86, Survey No 55/EE, Kondapur Village, Serilingampally Mandal, Hyderabad - 500084, Telangana, India

+91 40 6750 5050/4750 5050 @kims-hospitals.com



**KIMS Hospital Enterprises Pvt.Ltd.**

1-112/86 Survey No 55/ee,  
Kondapur, Serlingampally,  
Hyderabad, Telangana.  
GST No - 36AAFCK0620C126

**In Patient Final Bill**

Detailed

**Bill No** : FB2122001203 **Admission No** : IP2122001180  
**Bill Date** : 08-May-2021 04:23PM **Discharge Date** : 08-May-21  
**Patient Name** : Master. SHIVANSH SRIRAMOJU **S-W-D-B/O** : SATISH SRIRAMOJU  
**Date Of Admission** : 05-May-2021 03:52 PM **UMR No** : UMR21220003418  
**Consultant** : DR. PARAG S DEKATE / DR.AVINASH REDDY **Age / Sex** : 3Y(s) 2M(s) 4D(s)/Male  
**Department** : PAEDIATRICS **Admitted Ward** : PICU / 610D  
**Address** : BEERAMGUDA  
 SANGA REDDY, TELANGANA

Referral : WALKIN

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| <b>PAEDIATRICS</b>          |  |              |      |             | <b>19,900.00</b> |
| DM0411                      | CONSULTANT - DR. PARAG S DEKATE / DR.AVINASH REDDY |              | 1    | * 19,900.00 | 19,900.00        |
| <b>Ward Charges</b>         |  |              |      |             | <b>3,300.00</b>  |
| <b>ROOM CHARGES</b>         |  |              |      |             | <b>3,300.00</b>  |
| ROM0093                     | DMO CHARGES  | 999312       | 3    | * 1,100.00  | 3,300.00         |
| <b>Service Charges</b>      |  |              |      |             | <b>7,864.90</b>  |
| <b>EMERGENCY</b>            |  |              |      |             | <b>4,630.00</b>  |
| EME0032                     | INFUSION PUMP                                      | 999312       | 3    | * 140.00    | 420.00           |
| RNS0120                     | MEDICAL RECORDS- > 1 DAY                           | 999312       | 1    | * 830.00    | 830.00           |
| EME0019                     | MONITOR PER DAY                                    | 999312       | 3    | * 880.00    | 2,640.00         |
| EME0018                     | SYRINGE PUMP PER DAY                               | 999312       | 2    | * 370.00    | 740.00           |
| <b>FOOD AND BEVARAGES</b>   |  |              |      |             | <b>1,233.00</b>  |
| FNB0200                     | ATTENDER MEALS                                     | 996333       | 5    | * 112.00    | 560.00           |
| FNB0012                     | BOILED EGGS (2 PCS)                                | 996333       | 3    | * 28.00     | 84.00            |
| FNB0199                     | CHAPATHI WITH VEG CURRY                            | 996333       | 1    | * 55.00     | 55.00            |
| FNB0165                     | COFFEE   | 996333       | 1    | * 21.00     | 21.00            |
| FNB0011                     | FRUIT SALAD  | 996333       | 1    | * 70.00     | 70.00            |
| FNB0086                     | KHICHIDI   | 996333       | 1    | * 84.00     | 84.00            |
| FNB5088                     | PATIENT BREAKFAST                                  | 996333       | 1    | * 55.00     | 55.00            |
| FNB0067                     | VEG FRIED RICE                                     | 996333       | 1    | * 139.00    | 139.00           |
| FNB0214                     | WATER MELON JUICE                                  | 996333       | 3    | * 55.00     | 165.00           |
| <b>HOSPITALITY SERVICES</b> |  |              |      |             | <b>660.00</b>    |
| HSP5013                     | WARD CONSUMABLES                                   | 999312       | 3    | * 220.00    | 660.00           |
| <b>Pharmacy Charges</b>     |  |              |      |             | <b>1,341.90</b>  |
| PHA0001                     | DRUG ADMINISTRATION CHARGES                        | 999312       | 1    | * 1,341.90  | 1,341.90         |
| <b>Laboratory Charges</b>   |  |              |      |             | <b>26,420.00</b> |
| <b>BIOCHEMISTRY</b>         |  |              |      |             | <b>19,940.00</b> |
| BIO0064                     | ABG (ARTERIAL BLOOD GASES)                         | 999316       | 1    | * 1,480.00  | 1,480.00         |
| BIO0002                     | CREATININE   | 999316       | 1    | * 370.00    | 370.00           |
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KIMS HOSPITAL ENTERPRISES PVT LTD

# 1-112/86, Survey No 55/EE, Kondapur Village, Serlingampally Mandal, Hyderabad - 500084, Telangana, India

+91 40 8750 5050/4750 5050 • kims-hospitals.com

Patient Name : Master. SHIVANSH SRIRAMOJU

Admission No : IP2122001180

|                                   |  |          |    |   |          |                  |
|-----------------------------------|--|----------|----|---|----------|------------------|
| BIO0119                           | LFT (LIVER FUNCTION TEST WITH PROTEINS)              | 999316   | 1  | * | 2,420.00 | 2,420.00         |
| BIO0001                           | UREA   | 999316   | 1  | * | 370.00   | 370.00           |
| <b>MICRO BIOLOGY</b>              |  |          |    |   |          | <b>3,160.00</b>  |
| MIC0100                           | BLOOD CULTURE & SENSITIVITY                          | 999316   | 1  | * | 3,160.00 | 3,160.00         |
| <b>PATHOLOGY</b>                  |  |          |    |   |          | <b>2,440.00</b>  |
| PAT0042                           | CBP (COMPLETE BLOOD PICTURE)                         | 999316   | 2  | * | 770.00   | 1,540.00         |
| PAT0041                           | CUE (COMPLETE URINE EXAMINATION)                     | 999316   | 1  | * | 560.00   | 560.00           |
| PAT0007                           | ESR  | 999316   | 1  | * | 340.00   | 340.00           |
| <b>X-RAY</b>                      |  |          |    |   |          | <b>880.00</b>    |
| XRY047                            | BEDSIDE X-RAY SINGLE VIEW                            | 999316   | 1  | * | 880.00   | 880.00           |
| <b>Pharmacy Charges</b>           |  |          |    |   |          | <b>8,945.98</b>  |
| <b>IP Pharmacy Charges</b>        |  |          |    |   |          | <b>8,945.98</b>  |
| AZE101                            | AZEE 500MG INJ                                       | 30049099 | 3  | * | 214.69   | 644.07           |
| CEFI46                            | CEFBACT 1GM INJ                                      | 30042019 | 6  | * | 60.19    | 361.14           |
| DNSF27                            | DNS 0.9% 500ML PLASTIC EH(FRESENIUS)                 | 30042033 | 3  | * | 76.71    | 230.13           |
| ECGU30                            | ECG ELECTRODES(3M)                                   | 90189099 | 1  | * | 23.50    | 23.50            |
| ECOP01                            | ECONORM SACHET                                       | 30049099 | 7  | * | 48.00    | 336.00           |
| EME101                            | EMESET 2ML INJ                                       | 30049035 | 1  | * | 13.05    | 13.05            |
| INTU54                            | INTRAFIX SAFESET LL 180CM(4063000-BBRAUN)            | 3990     | 1  | * | 268.00   | 268.00           |
| NEEU07                            | NEEDLES 18G*1.5"(HMD)                                | 3004     | 5  | * | 2.50     | 12.50            |
| NEEU03                            | NEEDLES 22G*1"(HMD)                                  | 9021     | 5  | * | 2.00     | 10.00            |
| NEOU21                            | NEOFLOX PRO 24G(BD)                                  | 90189099 | 2  | * | 286.00   | 572.00           |
| NORF77                            | NORMAL SALINE 0.9% 100ML PLASTIC EH(FRESENIUS)       | 3004     | 4  | * | 37.72    | 150.88           |
| NORF90                            | NORMAL SALINE 500ML PLASTIC EH(FRESENIUS)            | 30042033 | 1  | * | 78.88    | 78.88            |
| PAN115                            | PANTOCID 40MG INJ                                    | 30049099 | 4  | * | 49.69    | 198.76           |
| PAR107                            | PARAGLASS 100ML IV                                   | 30049061 | 1  | * | 539.42   | 539.42           |
| PMLU33                            | PM LINE M/F 200CM(LIFE-O-LINE)                       | 90189032 | 5  | * | 425.00   | 2,125.00         |
| SMAU07                            | SMARTSITE BI EXTENSION(BD)                           | 90189099 | 1  | * | 544.50   | 544.50           |
| SYRU87                            | SYRINGE 10ML LL(NIPRO)                               | 90189099 | 11 | * | 37.00    | 407.00           |
| SYRU85                            | SYRINGE 2ML LL(NIPRO)                                | 90189099 | 12 | * | 15.00    | 180.00           |
| SYRU61                            | SYRINGE 50ML LL(NIPRO)                               | 90183100 | 4  | * | 150.00   | 600.00           |
| SYRU79                            | SYRINGE 50ML(NIPRO)                                  | 9018     | 2  | * | 150.00   | 300.00           |
| VENU11                            | VENFLON 22G(BD)                                      | 90183930 | 2  | * | 159.00   | 318.00           |
| VENU114                           | VENFLON PRO 16G(BD)                                  | 9018     | 2  | * | 233.00   | 466.00           |
| VENU117                           | VENFLON PRO 22G(BD)                                  | 90183930 | 1  | * | 256.00   | 256.00           |
| Z&DP01                            | Z&D-DS 20MG 15ML SYP                                 | 3004     | 1  | * | 88.50    | 88.50            |
| ZINS04                            | ZINCONIA SYR 100ML                                   | 30045020 | 1  | * | 87.65    | 87.65            |
| ZINS01                            | ZINCOVIT 200ML SYP                                   | 3004     | 1  | * | 135.00   | 135.00           |
| <b>CONSUMABLES</b>                |  |          |    |   |          | <b>9,150.00</b>  |
| <b>HOSPITALITY SERVICES</b>       |  |          |    |   |          | <b>9,150.00</b>  |
| HSP5027                           | IFC - CHARGES  | 999312   | 3  | * | 1,000.00 | 3,000.00         |
| HSP5011                           | PERSONAL PROTECTION EQUIPMENT -(PPE) CATHLAB/SURGERY | 999312   | 1  | * | 1,650.00 | 1,650.00         |
| HSP5028                           | PPE CHARGES PER DAY                                  | 999312   | 3  | * | 1,500.00 | 4,500.00         |
| <b>HOSPITAL SERVICES (OTHERS)</b> |  |          |    |   |          | <b>33,270.00</b> |
| <b>ROOM CHARGES</b>               |  |          |    |   |          | <b>33,270.00</b> |



KIMS HOSPITAL ENTERPRISES PVT LTD

# 1-112/86, Survey No 55/EE, Kandapur Village, Serilingampally Mandal, Hyderabad - 500084, Telangana, India

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**Patient Name** : Master. SHIVANSH SRIRAMOJU

**Admission No** : IP2122001180

|                              |  |        |   |   |          |                  |
|------------------------------|--|--------|---|---|----------|------------------|
| ROM5069                      | HOSPITAL & ALLIED CHARGES-SINGLE- B1-SPECIAL | 999312 | 3 | * | 5,700.00 | 17,100.00        |
| ROM5070                      | MEDICAL & ALLIED CHARGES-SINGLE- B1-SPECIAL  | 999312 | 3 | * | 5,390.00 | 16,170.00        |
| <b>ROOM RENT</b>             |  |        |   |   |          | <b>10,830.00</b> |
| <b>ROOM CHARGES</b>          |  |        |   |   |          | <b>10,830.00</b> |
| ROM5068                      | BED CHARGES-SINGLE- B1-SPECIAL               | 999312 | 3 | * | 3,610.00 | 10,830.00        |
| <b>Gross Amount</b>          |  |        |   |   |          | 119,681.00       |
| <b>Concession Amount</b> (-) |  |        |   |   |          | 5,000.00         |
| <b>Net Amount</b>            |  |        |   |   |          | 114,681.00       |
| <b>Receipt Amount</b>        |  |        |   |   |          | 114,681.00       |

**Receipt / Payment Details**

| Recpt. No.   | Recpt. Dt. | Cash Amt | Cheque Amt | Card Amt | Recpt. Amt.       | Remarks              |
|--------------|------------|----------|------------|----------|-------------------|----------------------|
| 600859       | 05-May-21  | 0.00     | 50,000.00  | 0.00     | 50,000.00         | Advances : PHONE PAY |
| 602042       | 07-May-21  | 0.00     | 50,000.00  | 0.00     | 50,000.00         | Advances :           |
| 602725       | 08-May-21  | 0.00     | 14,681.00  | 0.00     | 14,681.00         | Advances :           |
| <b>Total</b> |            |          |            |          | <b>114,681.00</b> |                      |

**Total Received Amount in Words:** rupees one lakhs fourteen thousand six hundred

**eighty-one only**
**Gross Amount in Words:** rupees one lakhs nineteen thousand six hundred

**eighty-one only**
**Prepared By** 20001378

**Printed By** Shraavan Kumar Vollala

**Prepared Dt** 08-May-2021 04:23 PM

**Printed On** 08-May-2021 04:26:01 PM


**(Authorized Signatory)**




**KIMS Hospital Enterprises Pvt.Ltd.**

1-112/86 Survey No.55/ee,  
Kondapur, Serilingampally,

**Advance Receipt**

P. Name : SHIVANISH SRIRAMUJU  
UMR No : UMR21220003418  
Recpt No : 600859  
Age/Sex : 3Yrs) 2M(s) 1D(s)/Male  
Phone : 9160008349  
Admn. No : 1P2122001180  
Recpt Dt : 5-May-2021

Dr. P/O. w/o : SATISH SRIRAMUJU  
Consultant : PARAG S DEKATE / DR.AVINASH REDDY  
Ward/Bed : PICU/610D  
Dept. Name : PAEDIATRICS

Advance NO : AD2122002478  
Cheque Dt : 05-JUN-2021  
Cheque Bank : ABN AMRO  
Receipt Amt : Rs.50,000/-  
Cash Amt : Rs.0/-  
Cheque No : 87036  
Cheque Amt : 50,000.00

Received with thanks from SHIVANISH SRIRAMUJU. A Sum of Rs.50,000/-  
In Words : Fifty Thousand Rupees Only



Create By : 20000973  
Print By : 20002324  
Create Dt : 05-MAY-2021 04:01:59 PM  
Print Dt : 06-May-2021 05:23:25 PM

UMR21220003418

600859

\*\*\* Cheques are  
subject to realization

**\*UMR2122000** **\*600859\***



**KIMS Hospital Enterprises Pvt.Ltd.**

**KIMS  
HOSPITALS**

1-112/86 Survey No 55/ee,  
Kondapur, Serilingampally,  
Advance Receipt

P. Name : SHIVANSH SRIRAMOJU  
UMR No : UMR21220003418 Admn. No : IP2122001180  
Recpt No : 602042 Recpt Dt : 7-May-2021  
Age/Sex : 3Y(s) 2M(s) 1D(s)/Male Phone : 9160008349

O.D/O.W/O : SATISH SRIRAMOJU

Ward/Bed : PICU/610D

Consultant : PARAG S DEKATE / DR.AVINASH REDDY

Dept. Name : PAEDIATRICS

Advance NO : AD2122002615

Receipt Amt : Rs.50,000/-

Cheque Dt : 07-JUN-2021

Cash Amt : Rs.0/-

Cheque Bank : HDFC BANK

Cheque No : 33728

Cheque Amt : 50,000.00

Received with thanks from SHIVANSH SRIRAMOJU. A Sum of Rs.50,000/-  
In Words Fifty Thousand Rupees Only

Create By : 20002147  
Print By : 20002324

Create Dt : 07-MAY-2021 03:14:54 PM  
Print Dt : 08-May-2021 05:23:10 PM

UMR21220003418



602042

\*\*\* Cheques are  
subject to realization

**\*UMR2122000 \*602042\***





KIMS Hospital Enterprises Pvt.Ltd.

KIMS FO/F/16

1-112/86 Survey No 55/ee,  
Kondapur, Serilingampally,

**Advance Receipt**

P. Name : SHIVANSH SRIRAMOJU  
UMR No : UMR21220003418  
Recpt No : 602725  
Age/Sex : 3Y(s) 2M(s) 1D(s)/Male  
Admn.No : 1P2122001180  
Recpt Dt : 8-May-2021  
Phone : 9160008349

J/O.D/O.W/O : SATISH SRIRAMOJU

Consultant : PARAG S DEKATE / DR.AVINASH REDDY

Ward/Bed : PICU/610D

Dept. Name : PAEDIATRICS

Advance NO : AD2122002694

Receipt Amt : Rs.14,681/-

Cheque Dt : 08-MAY-2021

Cash Amt : Rs.0/-

Cheque Bank : AXIS BANK

Cheque No : 46179

Cheque Amt : 14,681.00

Received with thanks from SHIVANSH SRIRAMOJU. A Sum of Rs.14,681/-  
In Words Fourteen Thousand Six Hundred Eighty-One Rupees Only

Create By : 20001780  
Print By : 20001378

Create Dt : 08-MAY-2021 04:18:51 PM  
Print Dt : 08-May-2021 04:29:57 PM  
Hyderabad, Telangana.

UMR21220003418

602725

\*UMR2122000

\*\*\* Cheques are  
subject to realization

\*602725\*

Authorized Signatory



5/6/2021

Patient Name: Master Shivansh Sriramoju, IP# IP2122001180 (UMR21220003418)



**KIMS Cuddles**  
 Krishna Institute of Medical Sciences Ltd.  
 KIMS Hospital Enterprises Pvt. Ltd.  
 Survey No. 55/EE, 1-112/86  
 Kondapur, Serlingampally, Hyderabad-500084  
 Phone/Fax : 040-67505050/04067505151



Email : assistance@kimshospitals.com, Website : www.kimshospitals.com

## Department Of Paediatrics Discharge Summary

### Patient Details

|               |   |                |                               |
|---------------|---|----------------|-------------------------------|
| Name          | Master Shivansh Sriramoju                 | Age/Gender     | 3 Years 2 Mnths 4 Dys/M       |
| Admn No       | IP2122001180                              | UMR NO         | UMR21220003418                |
| Admn Dt       | 05 May 2021 03:52 PM                      | Discharge Dt   | 08 May 2021                   |
| Doctor Name   | Dr. Parag S Dekate / Dr. Avinash Reddy    | Specialization | PEDIATRICS PED INTENSIVE CARE |
| Address       | Beeranguda, Sanga Reddy, Telangana, India | Mobile No      | 9160008349                    |
| Ward/Room/Bed | W32/610/610D                              |                |                               |

### CONSULTANTS

**DR. PARAG SHANKARRAO DEKATE ,**  
 MBBS, MD (PGI), & DNB (Paed), IDPCCM,  
 Fellow Pediatric Critical Care Medicine (Sick kids, Toronto)  
 Clinical Director of Pediatrics  
 Head of Pediatric Intensive Care Unit  
 Reg No. MCI/07/31151

**DR. AVINASH REDDY P**  
 MBBS, DCH, DNB (Paed), IDPCCM  
 Consultant Pediatric Intensivist & Pediatrician  
 Reg No. TSMC/FMR/15548

### DIAGNOSIS

**MODERATE COVID ILLNESS**

### PRESENT HISTORY

Baby Shivansh ., 3 years old boy presented with history of moderate grade, intermittent fever since 4 days associated with cough & cold since 2 days, fast breathing / difficulty in breathing since 1 day prior to admission. For the above complaints he was investigated and treated at nearby hospital. In view of persistence of symptoms, he was admitted referred to cuddles kondapur for further management.

### Outside investigations:

Rapid antigen test : Positive

### PAST HISTORY

#### Birth History:

Born at term gestation by EL LSCS with birth weight of 2.9kg. h/o admission for NNH

#### Family History:

Nothing significant



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Weight at admission is 14 kg which is between 10<sup>th</sup> and 50<sup>th</sup> centile  
His development is appropriate for his age

## KIMS GUIDLES

MOTHER & CHILD CENTRE

### GENERAL ASSESSMENT

- 1) Appearance: Normal
- 2) Work of breathing: Increased.
- 3) Skin circulation: Normal

### Primary assessment:

- 1) Airway: Open & stable
- 2) Breathing: RR: 36/min, Efforts: Increased, Air entry: Normal, Auscultation: Bilateral conducting sounds.
- 3) Circulation: HR: 124/min, CRT :< 3sec, BP: 118/52mmHg, Central pulse: good, Peripheral pulse: Good, Skin temp: Warm
- 4) Disability: GCS: 15/15, Pupil size: Equal, Reaction: Normal, Motor activity: Normal.
- 5) Exposure: Temp: 101.5<sup>0F</sup>, Colour: normal, Surface findings: nil

### Secondary assessment:

R/S: On auscultation of chest, air entry was bilaterally equal with conducting sounds were present

CVS: Heart sounds were normal and there was no murmur.

CNS: On neurological examination, child was conscious and drowsy. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

P/A: Abdomen was soft with no organomegaly

**Allergies:** No known allergy

**Medications:** NIL

**Past Medical History:** NIL

**Last Meal:** 4 hours back

**Events:** Fever / Fast breathing



### COURSE IN THE HOSPITAL

- He was admitted in PICU and was started on IV fluids and IV antibiotics.

In view of loose stools, he was administered probiotics and advised gastrodiet. His blood gas at the time of admission showed metabolic acidosis.

Chest X-ray showing bilateral haziness.

Child was started on broad spectrum antibiotics after sending blood cultures.

He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. As he/she remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well.

As his fever spikes settled, blood cultures were sterile, Antibiotics were descalated appropriately.

During hospital stay, he was continued on same line of management. He was regularly monitored for fever spikes, hemodynamic status and vital parameters. His fever spikes and other symptoms gradually settled. He remained hemodynamically stable, maintaining saturations at room air, accepting orally well. He improved with the above line of management and is being discharged with the following advice.

**Supportive Care:** His nutrition was taken care appropriately. He received IVF on first 1-2 days subsequently he was transitioned to solid diet which he is tolerating well.

AT THE TIME OF DISCHARGE

On auscultation of chest, air entry was bilaterally equal.  
 VS: Heart sounds were normal and there was no murmur.  
 CNS: On neurological examination, child was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.  
 P/A: Abdomen was soft with no organomegaly.

### DISCHARGE ADVICE

\* Diet as advised.

| S.No | MEDICATION  | DOSE                                   | TIMINGS                          | DURATION     |
|------|---|--|----------------------------------|--------------|
| 1    | Syp. PECEF<br>(CEFPODOXIME - 5ml/50mg)                            | 4 ml (mix with honey or sugar water)   | 8am - 8pm (after food)           | For 5 days.  |
| 2    | Syp. AZEE (AZIRTHOMYCIN-5ml/200mg)                                | 4 ml                                   | 8am (after food)                 | For 4 days   |
| 3    | Tab. LANZOL DT<br>(Lansoprazole - 15mg)                           | 1 tablet                               | 7am (before breakfast)           | For --- days |
| 4    | Syp. ZINCOVIT   | 5 ml                                   | 10am (after food)                | For 30 days  |
| 5    | Syp. Uprise D3<br>(5ml/400IU)                                     | 1 ml <del>10 ml</del><br>2 times daily | 7am-7pm (30 minutes before food) | For 10 days  |
| 6    | Syp. RELENT PLUS (Cetirizine 5mg,<br>Ambroxol 30mg/5ml)           | 5 ml                                   | 8am-8pm<br>(1 hour before food)  | For 3 days.  |
| 7    | ENTEROGERMINA (2 billion cells of<br>Bacillus Claussi Spores/5ml) | 1 Vial                                 | 9am-pm (after food)              | For 5 days   |

### Fever Management

- \* Syp. Crocin DS (Paracetamol - 5ml/240mg) 5 ml after food as and whenever required, if temperature > 100 °F (maximum 4 times a day at 6 hour intervals).
- \* Syp. Meftal P (Mefenamic acid - 5ml/100mg) 6 ml after food as and whenever required, if temperature > 101 °F & not responding to Crocin (maximum 3 times a day at 8th hour intervals).
- \* Tepid sponging if fever > 101 °F

### WHEN & HOW TO OBTAIN URGENT CARE

If the following are noticed in your child, please contact us immediately at 040 - 6750 5150/160 and ask for the "Consultant Pediatrician On Call". If you are unable to reach the Consultant, then call the 'On Call Consultant' through the Emergency Mobile Number (7995888561) and speak to the 'On Call Consultant' directly. If you perceive your child to be very sick, and has any of the following symptoms, please rush to our Emergency Room.

- High grade fever > 102F
- Not accepting orally well
- Abnormal movements (seizures)
- Not passing urine for 6-8 hours
- Not looking well and looking dehydrated
- Persistent vomiting and loose motions
- Limpness, weakness, or inability of your child to recognize/interact with you.
- Any complaints which are concerning to parents
- Any bleeding manifestations like patches (green or purple) over body or bleeding from nose, mouth or any other site
- Peripheries feeling cold and dusky
- Small proportion of children after COVID illness may develop MISC (MULTI SYSTEMIC INFLAMMATORY SYNDROME) with symptoms like high grade fever / breathing difficulty/ dull activity/ loose stools/ decreased urine output. ANY SUCH CASES SHOULD BE REPORTED IMMEDIATELY.



FOR FOLLOW UP

### KIMS Cuddles

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 For Appointments: 040 - 4243 4243 | Email: hello@kimscuddles.com



Patient Name: Master Shivanish Srinamoju, IP#: IP2122001180 (UMF21220003418)

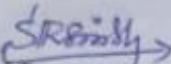
VIEW VIDEO consultation with Dr. DR. PARAG DEKATE/ DR. AVINASH REDDY through MFINE APP.  
DOWNLOAD MFINE APP and search for Dr. PARAG DEKATE/ DR. AVINASH REDDY and book appointment on  
TUESDAY ( 11.05.2021 ).

# CUDDLLES

MOTHER & CHILD CENTRE

## CONSENT

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....

  
Sign of Parent/ Attender

Dr. Parag S Dekate / Dr. Avinash Reddy

CONSULTANTS

Started By : Dr. P Avinash Reddy  
Approved By : Dr. P Avinash Reddy  
Printed By : Dr. P Avinash Reddy

Started On : 08 May 2021, 08:35 AM  
Approved On : 08 May 2021, 11:53 AM  
Printed On : 08 May 2021, 11:55 AM

AG



DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

|               |                     |              |                                      |
|---------------|---------------------|--------------|--------------------------------------|
| Name          | SHIVANSH SRIRAMOJU  | Study Date   | 05-05-2021 18:07:06                  |
| Age / Sex     | 003Y/M              | Hospital No. | UMR21220003418                       |
| Accession No. | S0793456-1          | Modality     | CR                                   |
| Reported On   | 05-05-2021 19:08:54 | Referred By  | Dr.PARAG S DEKATE / DR AVINASH REDDY |

**CHEST X - RAY ( AP VIEW ) BEDSIDE**

Cardiothorasic ratio is normal .

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

**IMPRESSION: NORMAL STUDY**

  
Kondapur  


**Dr.Sowmya Chowdary MBBS, DMRD, DNB  
Consultant Radiologist**





**DEPARTMENT OF BIOCHEMISTRY**

|                      |                              |                     |  |
|----------------------|------------------------------|---------------------|--|
| <b>Patient Name</b>  | : Master. SHIVANSH SRIRAMOJU | <b>Age / Gender</b> | : 3 Y(s) / Male                        |
| <b>Admn / UMR No</b> | : IP2122001180 / UMR212200C  | <b>Referred By</b>  | : Dr. PARAG S DEKATE / DR. LAVINASH RE |
| <b>Bill Date</b>     | : 05-May-21 06:37 pm         | <b>Report Date</b>  | : 06-May-21 08:56 am                   |

| <b>Parameter</b>                         | <b>Specimen</b> | <b>Results</b> | <b>Biological Reference</b> | <b>Method</b>                      |
|--|-----------------|----------------|-----------------------------|------------------------------------|
| Blood Urea                               | Serum           | 29             | 15 - 36 mg/dL               | Urease-GLDH                        |
| Creatinine                               |                 | 0.3            | 0.3 - 0.7 mg/dL             | Modified Jaffe-Kinetic             |
| <b>ELECTROLYTES</b>                      |                 |                |                             |                                    |
| Sodium                                   |                 | 134.8          | 136.0 - 146.0 mmol/L        | Indirect ISE                       |
| Potassium                                |                 | 4.3            | 3.5 - 5.1 mmol/L            | Indirect ISE                       |
| Chloride                                 |                 | 101.9          | 98.0 - 107.0 mmol/L         | Indirect ISE                       |
| <b>LIVER FUNCTION TEST WITH PROTEINS</b> |                 |                |                             |                                    |
| Total Bilirubin                          |                 | 0.4            | 0.3 - 1.2 mg/dL             | DPD                                |
| Direct Bilirubin                         |                 | 0.1            | < 0.2 mg/dl                 | Diazo end point                    |
| Indirect Bilirubin                       |                 | 0.3            |                             | Calculation                        |
| Alkaline Phosphatase                     |                 | 172            |                             | PNPP with AMP                      |
| SGPT/ALT                                 |                 | 14             | < 50 U/L                    | IFCC without PSP                   |
| SGOT/AST                                 |                 | 40             | < 50 U/L                    | IFCC without PSP                   |
| Total Protein                            |                 | 6.6            | 6.4 - 8.3 gm/dl             | Biuret                             |
| Albumin                                  |                 | 4.1            | 3.5 - 5.0 gm/dL             | BCG Dye Binding                    |
| Globulin                                 |                 | 2.5            | 2.0 - 3.5 gm/dl             | Calculation                        |
| A/G Ratio                                |                 | 1.6            |                             |                                    |
| CRP                                      |                 | 1.0            | 0 - 5.0 mg/L                | Immuno turbidimetry                |
| FERRITIN                                 |                 | 7.54           | 7.0 - 140.0 ng/ml           | ECI                                |
| INTERLUEKIN (IL6)                        |                 | 8.37           | < 7.0 pg/mL                 | Up-Converting Phosphor immunoassay |
| D-DIMER                                  |                 | 325.64         | < 500 ng/ml                 | ELFA                               |
| CRP                                      |                 | 0.4            | 0 - 5.0 mg/L                | Immuno turbidimetry                |

\*\*\* End Of Report \*\*\*



Printed By : 20002631

Printed On : 08-May-2021 09:30:34 AM

System Name : DESKTOP-10JFMAM

Page 1 of 6  
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DEPARTMENT OF BIOCHEMISTRY

|               |                                 |              |                                      |
|---------------|---------------------------------|--------------|--------------------------------------|
| Patient Name  | : Master. SHIVANSH<br>SRIRAMUJU | Age / Gender | : 3 Y(s) / Male                      |
| Admn / UMR No | : IP2122001180 / UMR2122000     | Referred By  | : Dr. PARAG S DEKATE / DR. AVDASH RE |
| Bill Date     | : 07-May-21 08:05 am            | Report Date  | : 07-May-21 09:55 am                 |

| Parameter | Specimen | Results | Biological Reference | Method |
|-----------|----------|---------|----------------------|--------|
|-----------|----------|---------|----------------------|--------|



Dr. RADHIKA CHOWDARY. D  
M.D.  
SR. CONSULTANT BIOCHEMIST

Dr. K KAMAKSHI  
MBBS, MD  
CONSULTANT BIOCHEMIST

Printed By : 20002631

Printed On : 08-May-2021 09:30:34 AM

System Name : DESKTOP-101FMAH

KIMS Cuddles

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1-112/86, Survey No 55/EE, Kondapur, Serlingampally, Hyderabad 500 084, Telangana, India.  
For Appointments: 040 - 4243 4243 | Email: hello@kims cuddles.com



DEPARTMENT OF MICROBIOLOGY

|               |                              |              |                                       |
|---------------|------------------------------|--------------|---------------------------------------|
| Patient Name  | : Master. SHIVANSH SRIRAMOJU | Age / Gender | : 3 Y(s) / Male                       |
| Admn / UMR No | : IP2122001180 / UMR212200C  | Referred By  | : Dr. PARAG S DEKATE / DR. AVINASH RE |
| Bill Date     | : 05-May-21 06:36 pm         | Report Date  | : 06-May-21 09:23 am                  |

| Parameter      | Specimen | Results   |
|----------------|----------|---|
| INVESTIGATION. | Blood    | Blood for Culture & Sensitivity   |
| METHOD.        |          | Bact/Alert, Aerobic Culture   |
| REPORT         |          | Culture negative for bacterial growth after overnight aerobic incubation      |
| NOTE:          |          | Final report will be issued on 12/05/2021.                                    |
| INVESTIGATION. |          | Blood for Culture & Sensitivity   |
| METHOD.        |          | Bact/Alert, Aerobic Culture   |
| REPORT         |          | Culture negative for bacterial growth after 36-48 hours of aerobic incubation |
| NOTE:          |          | Final report will be issued on 12/05/2021                                     |

\*\*\* End Of Report \*\*\*



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System Name : DESKTOP-IQJFHAM

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**DEPARTMENT OF PATHOLOGY**

|                      |                              |                     |                                     |
|----------------------|------------------------------|---------------------|-------------------------------------|
| <b>Patient Name</b>  | : Master. SHIVANSH SRIRAMOJU | <b>Age / Gender</b> | : 3 Y(s) / Male                     |
| <b>Admn / UMR No</b> | : IP2122001180 / UMR212200C  | <b>Referred By</b>  | : Dr.PARAG S DEKATE / DR.AVINASH RE |
| <b>Bill Date</b>     | : 05-May-21 06:37 pm         | <b>Report Date</b>  | : 06-May-21 09:54 am                |

| Parameter                                  | Specimen   | Results                         | Biological Reference    | Method                      |
|--|------------|---------------------------------|-------------------------|-----------------------------|
| <b>COMPLETE BLOOD PICTURE</b>              |            |                                 |                         |                             |
| Haemoglobin                                | EDTA Blood | 12.1 gm%                        | 11.0 - 14.0 gm%         | Cyanmethaemoglobin          |
| Haematocrit(PCV)                           |            | 36.2 Vol%                       | 35.0 - 45.0 Vol%        | Electrical Impedance Method |
| RBC Count                                  |            | 4.84 Millions/cumm              | 4.0 - 5.2 Millions/cumm | Electrical Impedance Method |
| WBC Count                                  |            | 9400 cells/cumm                 | 5000 - 15000 cells/cumm | Electrical Impedance Method |
| Platelet count                             |            | 2.78 Lakhs/Cumm                 | 2.0 - 4.9 Lakhs/Cumm    | Impedance/ Light Microscopy |
| Mean Cell Volume (MCV)                     |            | 75 fl                           | 75 - 87 fl              | Automated Calculation       |
| Mean Cell Haemoglobin (MCH)                |            | 24.9 pg                         | 25 - 29 pg              | Automated Calculation       |
| Mean Cell Haemoglobin Concentration (MCHC) |            | 33.3 gms%                       | 31.0 - 37.0 gm%         | Automated Calculation       |
| <b>DIFFERENTIAL COUNT</b>                  |            |                                 |                         |                             |
| Polymorphs                                 |            | 60 %                            | 27 - 50 %               |                             |
| Lymphocytes                                |            | 35 %                            | 35 - 65 %               |                             |
| Eosinophils                                |            | 03 %                            | 1 - 6 %                 |                             |
| Monocytes                                  |            | 02 %                            | 02 - 08 %               |                             |
| <b>PERIPHERAL SMEAR</b>                    |            |                                 |                         |                             |
| RBC  |            | Normocytic normochromic         |                         |                             |
| WBC  |            | Total count are Normal          |                         |                             |
| Platelets                                  |            | Adequate with normal morphology |                         |                             |
| E S R                                      |            | 18                              | 0 - 15 mm/hr            | Westergren Method           |
| <b>COMPLETE URINE EXAMINATION</b>          |            |                                 |                         |                             |
| <b>PHYSICAL EXAMINATION</b>                |            |                                 |                         |                             |
| Colour.                                    |            | Pale Yellow                     |                         | Manual                      |
| Appearance                                 |            | Clear                           |                         | Manual                      |
| Reaction (PH)                              |            | 5.5                             |                         | Reagent strip method        |
| Specific gravity                           |            | 1.015                           |                         | PH indicators               |
| <b>CHEMICAL EXAMINATION</b>                |            |                                 |                         |                             |
| Glucose                                    |            | Nil                             |                         | Reagent Strip method        |
| Protein                                    |            | Nil                             |                         | Protein error of indicator  |
| Ketone bodies                              |            | Negative                        |                         | Rotheras                    |
| Bile Salts                                 |            | Negative                        |                         | Hay's sulphur test          |



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**DEPARTMENT OF PATHOLOGY**

|                      |                              |                     |                                     |
|----------------------|------------------------------|---------------------|-------------------------------------|
| <b>Patient Name</b>  | : Master, SHIVANSH SRIRAMOJU | <b>Age / Gender</b> | : 3 Y(s) / Male                     |
| <b>Admn / UMR No</b> | : IP2122001180 / UMR2122000  | <b>Referred By</b>  | : Dr.PARAG S DEKATE / DR.AVINASH RE |
| <b>Bill Date</b>     | : 06-May-21 03:03 pm         | <b>Report Date</b>  | : 06-May-21 03:45 pm                |

| Parameter    | Specimen | Results  | Method                             |
|--------------|----------|----------|------------------------------------|
| Bilirubin    |          | Negative | Reagent strip method-Dia screen 50 |
| Urobilinogen |          | Normal   | Fast blue color                    |
| Blood        |          | Negative | Benzidine                          |

**MICROSCOPIC EXAMINATION**

|                  |  |          |                  |
|------------------|--|----------|------------------|
| Epithelial Cells |  | 1-2/ hpf | Light microscopy |
| Pus Cells        |  | 2-3/ hpf | Light microscopy |
| R.B.C.           |  | Nil      | Light microscopy |
| Casts            |  | Nil      | Light microscopy |
| Crystals         |  | Nil      | Light microscopy |
| Others           |  | Nil      | Light microscopy |

**COMPLETE BLOOD PICTURE**

|  |                    |                         |                             |
|--|--------------------|-------------------------|-----------------------------|
| Haemoglobin                                | 13.1 gm%           | 11.0 - 14.0 gm%         | Cyanmethaemoglobin          |
| Haematocrit(PCV)                           | 39.2 Vol%          | 35.0 - 45.0 Vol%        | Electrical Impedance Method |
| RBC Count                                  | 5.28 Millions/cumm | 4.0 - 5.2 Millions/cumm | Electrical Impedance Method |
| WBC Count                                  | 7500 cells/cumm    | 5000 - 15000 cells/cumm | Electrical Impedance Method |
| Platelet count                             | 2.70 Lakhs/Cumm    | 2.0 - 4.9 Lakhs/Cumm    | Impedance/ Light Microscopy |
| Mean Cell Volume (MCV)                     | 74 fl              | 75 - 87 fl              | Automated Calculation       |
| Mean Cell Haemoglobin (MCH)                | 24.8 pg            | 25 - 29 pg              | Automated Calculation       |
| Mean Cell Haemoglobin Concentration (MCHC) | 33.4 gms%          | 31.0 - 37.0 gm%         | Automated Calculation       |

**DIFFERENTIAL COUNT**

|             |      |           |                             |
|-------------|------|-----------|-----------------------------|
| Polymorphs  | 34 % | 27 - 50 % | Impedance/ Light microscopy |
| Lymphocytes | 58 % | 35 - 65 % | Impedance/ Light microscopy |
| Eosinophils | 03 % | 1 - 6 %   | Impedance/ Light microscopy |
| Monocytes   | 05 % | 02 - 08 % | Impedance/ Light microscopy |

**PERIPHERAL SMEAR**

|           |                                   |
|-----------|-----------------------------------|
| RBC       | Normocytic normochromic           |
| WBC       | Count and Differential are normal |
| Platelets | Adequate with normal morphology   |

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## DEPARTMENT OF PATHOLOGY

|                  |                      |              |  |
|------------------|----------------------|--------------|--|
| Patient Name     | : Master SHIVAKSHI   | Age / Gender | : 3 Yrs / Male                         |
| Address / UMR No | : SHIVAKSHI          | Referred By  | : Dr. JYOTSNA S. DEWATE / DR. ANSHU AG |
| Ref Date         | : 07-May-21 08:05 am | Report Date  | : 07-May-21 10:32 am                   |

| Parameter             | Specimen | Results | Biological Reference | Method |
|-----------------------|----------|---------|----------------------|--------|
| *** End Of Report *** |          |         |                      |        |

Suggested Clinical Correlation \* if necessary, Please discuss

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**DEPARTMENT OF PATHOLOGY**

|                      |                              |                     |                                     |
|----------------------|------------------------------|---------------------|-------------------------------------|
| <b>Patient Name</b>  | : Master. SHIVANSH SRIRAMOJU | <b>Age / Gender</b> | : 3 Y(s) / Male                     |
| <b>Admn / UMR No</b> | : IP2122001180 / UMR212200C  | <b>Referred By</b>  | : Dr.PARAG S DEKATE / DR.AVINASH RE |
| <b>Bill Date</b>     | : 07-May-21 08:05 am         | <b>Report Date</b>  | : 07-May-21 10:33 am                |

| <u>Parameter</u>      | <u>Specimen</u> | <u>Results</u> | <u>Biological Reference</u> | <u>Method</u> |
|-----------------------|-----------------|----------------|-----------------------------|---------------|
| *** End Of Report *** |                 |                |                             |               |

Suggested Clinical Correlation \* If neccessary, Please discuss

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