

2101002064	Name : Kiranbhai Faldu	Age/Sex : (52y/M)
Ref. By : Dr. Rajesh B Gajera (B.A.M.S.)	Reg.No. : 2101002064	Member Id. : CKDU3340707 /9328165363
Reg.Date : 21-04-2021		

INVESTIGATION : HRCT SCAN OF THORAX

PLAIN HRCT SECTIONS THROUGH THORAX HAVE BEEN PERFORMED.

Clinical profile : For evaluation of COVID-19 infection.

Evidence of patchy areas of ground glass haziness and smooth septal thickenings are seen involving ---- both lung fields at places.

Trachea and main bronchi appear normal.

Aorta and its main branches appear normal.

No evidence of enlarged mediastinal hilar mass or lymphadenopathy.

No evidence of pulmonary mass is seen on either side.

Bilateral trace amount of pleural effusion is seen.

Right upper lobe	2
Right middle lobe	1
Right lower lobe	3
Left upper lobe	3
Left lower lobe	3

< 5% involvement - 1 / 5%-25% involvement - 2 / 26%-49% involvement - 3 / 50%-75% involvement - 4 / > 75% involvement.

- 5 FOR EACH FIVE LOBE.

CT SEVERITY SCORE (CTSS) - 12 out of 25. $\Rightarrow 48$
CT SEVERITY CATEGORY: MILD - < 8, MODERATE-9 TO 15, SEVERE- \geq 15 CTSS

OPINION: The CT findings show

- Patchy areas of ground glass haziness and smooth septal thickenings involving both lung fields at places.

suggest p/o atypical viral infective etiology (?viral pneumonitis) likely (CO-RADS -5).

Recommend clinical pathological correlation.

CO-RADS CLASSIFICATIONS: 1 : NORMAL, 2 : LOW, 3: INDETERMINATE, 4 : HIGH, 5 : VERY HIGH.


Dr. Ishan Rudani
Consultant Radiologist

Thanks For Reference


Dr. Smit Rangani
Consultant Radiologist



LABORATORY REPORT



Name : Mr. FALDU KIRANBHAI MAGANBHAI	Sex/Age : Male / 53 Years	Case ID : 10402019126
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : ROYAL PATH LAB		Pt. Loc :
Reg Date and Time : 27-Apr-2021 23:56	Sample Type : Nasopharyngeal + Oropharyngeal Swab	Mobile No. : 9328165363
Sample Date and Time : 27-Apr-2021 23:56	Sample Coll. By : non NSCL	Ref Id1 :
Report Date and Time : 28-Apr-2021 10:11	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Genomics				
<u>COVID19 Qualitative by Real time PCR (ICMR No. SUPRA001f)</u>				

COVID19 Interpretation
*Real time PCR***POSITIVE**

N gene (Ct)	19
Orf gene (Ct)	22

Test: Qualitative test of COVID19 RNA by standard procedure on rt Real-time PCR.**Methodology:** Reverse transcriptase Real-time Polymerase chain reaction.**Interpretations:**

Cycle threshold (Ct value) Value ranges from 15-40 cycle. Lower the Ct value higher is the viral load (Inversely proportional).

Kindly correlate with the clinical presentation and findings.**According to latest CDC guidelines, Ct cutoff of more than 33 is not considered as infective as it is extremely difficult to detect any live virus in a sample above the threshold of 33 cycles.****Clinical Significance:**

- a. Coronaviruses are a family of large RNA viruses with size ranging from 26 to 32 kb.
- b. As the coronavirus is anRNA virus it has a relatively high mutation rate resulting in rapid evolution.
- c. In December 2019,a new deadly coronavirus known as 2019-nCoV, which has a high sequence similarity to SARS-CoV, was identified and has caused a pneumonia outbreak in Wuhan, China and spread globally.

Limitations:

- a. The results of this test are highly dependent on the sampling technique employed, sample type, cold-chain maintenance and clinical condition. There is poor standardization between commercially available PCR tests, and results from different institutions should not be directly compared. Results are best monitored using a single institution.
- b. Presence of PCR inhibitors (cannot be traced by technologist), specimen collected very early/late in infection or viral load lesser than the assay lower limit of detection as wellas presence of rare genotypes or mutations may result in false-negative report.
- c. False-positive report may be obtained in cases where there is possibility of background RNA contamination from pre analyticalor in lab environment.
- d. The assay performance characteristics for this test are determined by STMPL which is used for clinical diagnosis. This test isnot approved by FDA nor accredited by NABL or CAP.
- e. RT-PCR kits used for this assay are approved by ICMR (Supratech Micropath Laboratory & Research Institute Pvt. Ltd. ICMR No. SUPRA001f). Test performed on Quantstudio 5 Real-time PCR machine.

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Jignesh Panchal

M.D. Microbiologist

Dr. Sandip ShahM.D. (Path. & Bact.)
Consultant Pathologist

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Government of India



Issue Date: 09/02/2014



ફલુ કિરણભાઈ મગનભાઈ

Faldu Kiranbhai Maganbhai

જન્મ તારીખ / DOB: 08/04/1969

પુરુષ / Male

4645 0032 7974



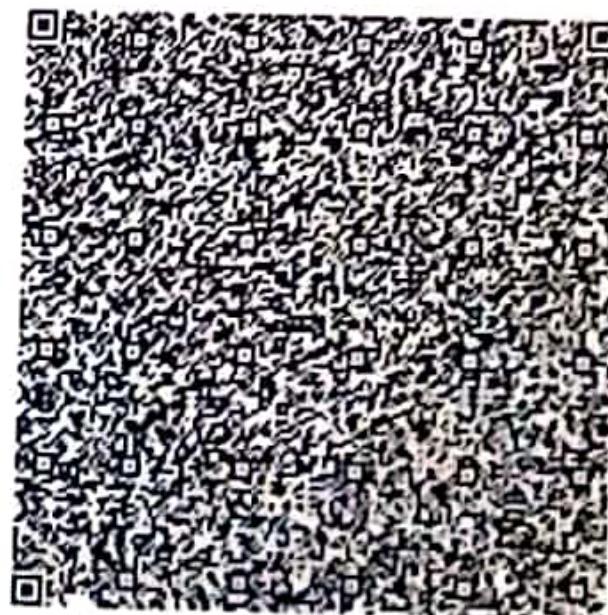
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Unique Identification Authority of India



Print Date: 25/03/2021

સરનામું: કિરણભાઈ ફલ્ડુ, એ-16 શ્રીજી અપાર્ટમેન્ટ, યમુનાનગર
સોસાઇટી ની પાસે, નરોડા, અમદાવાદ શહેર, અમદાવાદ, ગુજરાત,
382330



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1947



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www.uidai.gov.in



DATE: 27/11/21.

TO WHOMSOEVER IT MAY CONCERN

THIS IS TO INFORM YOU THAT PATIENT NAME:

Falak kishambhai magambhai.....

AGE: 53 YEARS, ADMITTED IN OUR HOSPITAL AND
DIAGNOSED WITH COVID 19 POSITIVE WITH BILATERAL
PNEUMONITIS. HE/SHE IS ON HIGH OXYGEN SUPPORT &
REQUIRE INTRAVENOUS ANTI VIRAL MEDICATION. I.E,
INJECTION REMDESIVIR. SO, PLEASE KINDLY DO NEEDFUL
FOR THIS PATIENT.

ADVICE

DOSAGE : INJECTION REMDESIVIR (100MG)

.....6 VIALS

SAHJANAD MEDICAL HOSPITAL
Plot No. 124, Daven Park,
Opp: Muktidham Estate, Nikolgam
Road, Ahmedabad-382350

SAHJANAND MEDICAL HOSPITAL

DR.RAHUL AGRAWAL

MD DNB

Dr. RAHUL AGRAWAL
G-54961 MD DNB Physician