

I. C. DIEVENDER KURTARSHARMA (707001090968

LE 21/102918 LE CREST HOSPITA GLAZIABAD

To No : 9870778356 PIN No: 201010

PID NO: P542100523834 Age: 57.0 Year(s) Sex: Male



Reference: Dr.SELF

LE CALIST HOSPITAL A UNIT OF GARG

PLOT NO 4, INS13, SECTOR 4, VASULTURA, IP-201012

St. op Cosses At Metropolis High and Ltd E-21, E1 Mohan Co-op

In 1 II hew Delhi-110044

VIDITEE 32 15:00 PM 13/05 the page Om 13/05 302254 First led Cri 14/05/2021 05:30 AM

## SARS-CoV-2 (COVID 19) Detection (Qualitative) by Real Time rt PCR\*

Test

: Qualitative RNA detection of SARS-CoV-2 (COVID19)

Specimen Type

Nasopharyngeal swab & Oral swab

Test principle

: Real time reverse transcription PCR (ICMR approved kit)

Test description

: Screening by "E" gene detection and Confirmation by

"RdRp , N or S" gene detection

Result :

SARS-COV-2 RNA

NOT DETECTED

#### ICMR registration no. MHLNDD

#### Interpretation guidelines

#### A. For result as "DETECTED":

1) Detected result indicates presence of SARS-CoV-2.

2) Each "Detected" result has been verified using confirmatory test.

False positive is rare globally.

4) A repeat test of freshly collected specimen may give different result due to the following-

a. From appearance of symptoms, Viral load reduces day by day and one may clear virus as early as 4.3 days1. As viral load reduces during recovery/resolution, the result of repeat testing, even within hours or day/s, can yield different results.

b. The new sample may have low viral load due to varied shedding of the virus.

c. Inherent variability due to improper sample collection and inadequate storage while due care is taken at Metropolis.

5) 80% of patients with "Detected" result may be asymptomatic.

6) A detected result does not distinguish between a viable/replicating organism and a non-viable organism

#### B. For result as "NOT DETECTED":

1) "Not Detected" result indicates absence of SARS-CoV-2 in the given specimen. However, it does not rule out the infection completely and should not be used as the sole basis for making decisions related to treatment and other patient management decisions.

"Not detected" result may be seen due to -

- a. RT PCR done on Nasopharyngeal swab having 44% false negativity.
- b. Test done too early or too, late where the virus load is below detection limit.

c. Improperly collected and stored specimen.

d. Viral mutations

3) If a subsequent test is tested positive (detected), it may indicate an infection acquired subsequently or increase in viral load to detectable level after the first test.

Results relate only to the sample as received. Refer to conditions of reporting ovi

\* The Parameters marked with an \* are not accredited by NABL

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai Page 1 of 2 Dr. Sikander

M.D (Microbiology)



INNER HEALTH REVEALED





P Mr. DEVENDER KUMARSHARMA 5 0767001000908

MR/21/092918 LE CREST HOSPITA GHAZIABAD

Tel No : 9870778656

PIN No: 201010 PID NO: P542100523834

Age: 57.0 Year(s) Sex: Male



References Dr.SELF

Client Address: LE CREST HOSPITAL A UNIT OF GARG FORTAND MULTISP FLOT NO 4, INS13, SECTOR 4, VASUNDHRA, IP-201012.

Sample Processed At: Metropolis Landerte Ltd E-21, E1 Liphan Co-op

Ind Estate New Delni-110044

VIDTEST TO GRT Registered On: 13/05/20 1 10 PM o J On: 13/05/2071 BC 2PM Reported On:

14/05/2021 06:30 AM

#### Disclaimers:

1. RNA viruses like SARS-CoV-2 (COVID 19) have a lot of genetic variability and it's possible that certain virus detection kits test cannot detect some strains of the viruses. Although efforts were made by manufacturers of the diagnostic kits to design the test assays that target the parts of viral genome which are shared by all the different circulating viral strains, there still might be some mismatch between the primers and the probes

used in the test and the target regions within the viruses. 2. Sensitivity of this test results depends upon the quality of the sample submitted for testing, stage of infection, type of the specimen collected for testing, medical history and clinical presentation.

3. All approved kits being used also may have different positive and negative predictive values leading to mismatch of results.

4. A careful consideration to combination of epidemiological factors, stage of infection, clinical history, examination, other relevant investigation findings and treatment history should be done when interpreting

5. Current knowledge about novel coronaviruses is evolving and more studies may be required for further evaluation and review of facts indicated in this report.

#### Patient Instructions:

Kindly consult referring Physician/ Authorized Govt. hospital for appropriate follow up.

Details of all the positive patients will be communicated to Epidemiology Cell whom you are requested to

"Detected" status needs to be notified to the appropriate authorities as per the existing rules/regulations, while we shall also be doing the same

#### Clinical Background:

COVID-19 is a new disease, caused by a novel (or new) coronavirus SARS-CoV-2. Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. Symptoms like Fever, Cough, and Shortness of breath may appear 2-14 days after exposure. The virus is thought to spread many from person-to-person, between people who are in close contact and through respiratory droplets. It can also spread from contact with infected surfaces or objects.

1. Tao Ai et al. Correlation of Chest CT and RT-PCR Testing in Coronavirus Disease2019 (COVID-19) in China. A Report of 1014 Cases

2. Yang et al. Evaluating the accuracy of different respiratory specimens in the laboratory diagnosis and monitoring the viral shedding of 2019-nCoV infections.

#### Abbreviations

ICMR: Indian Council of Medical Research

-- End of Report --

Results relate only to the sample as received. Refer to conditions of reporting ou

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Page 2 of 2

Dr. Sikander M.D (Microbiology)



INNER HEALTH REVEALED





Fatient Name · MR/21/902918 : Mr. DEVENDER KUMAR SHARMA UHID Age/Sex : 57 YRS : 2021/474 **IPDNo** Sex : Male

Address

: C-56/A VISHNU GARDEN TILAK NAGAR S.O. WEST DELHI, INDIA Mobile No. : 9870778656 D.O.A

Ward/Floor : //517-B : Semi Private/5th Floor Room/Bed No.

Doctor D.O.D : Dr. SUSHIL UPADHYAY/AMRIT KUMAR GOEL

Department : PULMONOLOGY AND CRITICAL CARE

### Discharge Summary

#### Final Diagnosis:

SARI with COVID-19 Positive B/L Pneumonitis

#### Reason for Admission:

57 years old male patient was admitted to Le Crest Hospital with complaints of fever and cough on 10.04.2021, presence of breathlessness on 20.04.2021 associated with poor intake orally and generalized weakness.

#### On Examination:

#### Physical Examination (at the time of admission):

PR	770	116/min	RR	:	22/min
BP	929	120/60 mmHg	SPO2		88% on RA
Temp	*	98.6°F	RBS		213 mg/dl
CNS		: Conscious/Oriented			

#### Course in Hospital:

Patient was admitted in ward with above mentioned complaints under Dr. Sushil Upadhyay (Pulmonary & Critical Care). All relevant investigations were done. Patient's vitals monitoring including SPO2 monitoring was done. Patient was managed with broad spectrum antibiotics, antiviral and other supportive treatment was given. His RT PCR Covid 19 sample was sent on 27.04.2021 which was positive. Further his/her regular LFT/KFT & D. Dimer were monitored.

For further evaluation HRCT Chest was done on 27.04.2021, S/o- Extensive scattered ill-defined areas of ground glass opacities and ground glass opacities with mild interstitial septal thickening s/o crazy paving appearance with intervening partial consolidation seen involving all the segments of bilateral lungs both in central and peripheral distribution, \* Mediastinal lymphadenopathy. -ATYPICAL VIRAL PNEUMONITIS ( CORADS CATEGORY - V ) ---- CT SEVERITY SCORE = 31 OUT OF 40 Patient's condition has been explained to his/her attendant and after taking consent he was started Inj. Remdesivir on 27.04.2021 to 03.05.2021 which was uneventful. He responded well to the therapy & gradually he/she showed some improvement in his/her condition during hospitalization. Patient was closely monitored for any worsening in clinical condition as well as his inflammatory markers & D. Dimer were closely monitored, DVT prophylaxis was also provided continuously. Further with improvement in his/her clinical parameters his O2 support was tapered off. Patient is being discharged in stable condition and advised Strict Home Isolation for total 17 days from date of onset of illness or 7 days from discharge whichever is later.

### Imaging & Others Investigation:

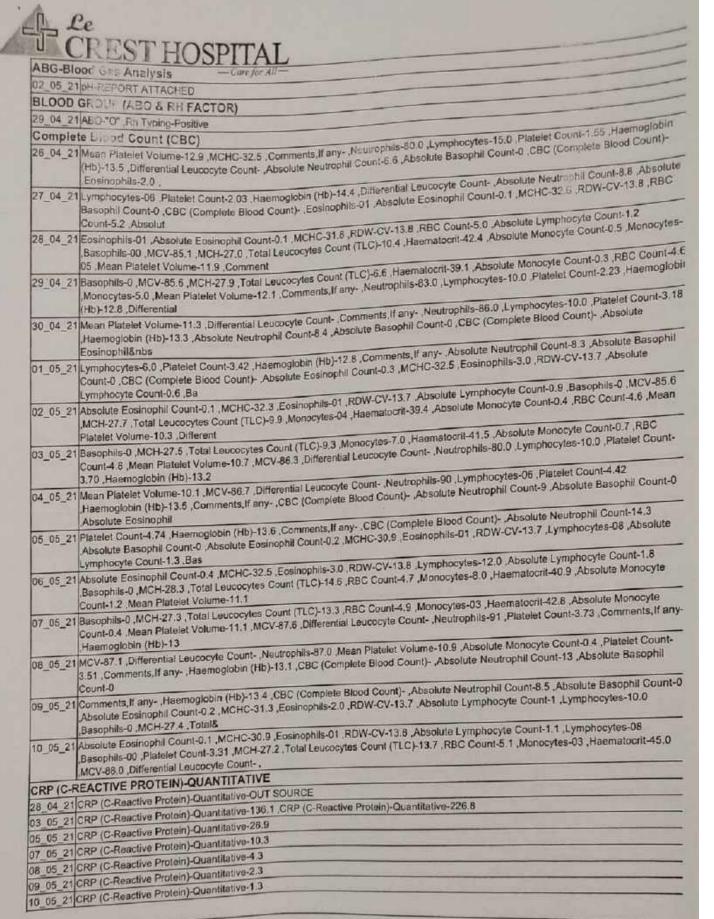
All reports handed over to relative of patient.

### A SUPER SPECIALITY & ADVANCED ONCOLOGY CENTRE A Unit of Garg Heart and Multispeciality Hospital Pvt. Ltd.

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Plot No. INS 13, Sector-4 (Near Budh Chowk), Vasundhara, Ghaziabad, U.P. 201012 | Phone No.: 0120-472 33 33 Plot No. INS 13, Sector-4 (New Police of the Police of the

: 26-Apr-2021 2:55 AM



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146 D4 21D DIMET-OUT SOURCE Ferritin, Serum 20 pt 21 FERRITIN SERUM-1060.5 127 04 21 FERRITIN SERUM-1617.5 [01\_05\_21] FERRITIN SERUM-OUT SOURCE I TERLUEKIN-6 26 04 21 INTERLUEKIN-6-310.5 27 04 21 INTERLUEKIN-6-9.0 03 05 21 INTERLUEKIN-6-9.6 Kidney Function Test (KFT)-DC, Serum 26\_04\_21 Chloride-95 ,Creatinine, Serum-1.0 ,Uric Acid, Serum-2.3 ,Blood Urea Nitrogen (BUN)-13 ,Sodium, Serum-128 ,Phosphorus-1.9 Potassium, Serum-3.5 27\_04\_21 Uric Acid, Serum-1.6 ,Blood Urea Nitrogen (BUN)-22 ,Phosphorus-2.8 ,Potassium, Serum-4.5 ,Sodium, Serum-137 ,Chloride-100 Cheatining Serum-1.6 ,Blood Urea Nitrogen (BUN)-22 ,Phosphorus-2.8 ,Potassium, Serum-4.5 ,Sodium, Serum-137 ,Chloride-100 Creatinine, Serum-0.8 28\_04\_21 Phosphorus-3.1 , Potassium, Serum-4.0 , Sodium, Serum-140 , Chloride-102 , Creatinine, Serum-0.9 , Uric Acid, Serum-1.8 , Blood Urea Nitrogen (BUN)-27 29\_04\_21 Sodium, Serum-136 ,Potassium, Serum-4.3 ,Chloride-102 ,Creatinine, Serum-0.8 ,Uric Acid, Serum-0.7 ,Blood Urea Nitrogen (BUN)-1 Phosphorus-3.2 30\_04\_21 Chloride-101 , Creatinine, Serum-0.7 , Uric Acid, Serum-1.1 , Blood Urea Nitrogen (BUN)-16 , Phosphorus-2.4 , Sodium, Serum-137 Potassium, Serum-4.B 01\_05\_21 Uric Acid, Serum-0.5 ,Blood Urea Nitrogen (BUN)-12 ,Phosphorus-3.2 ,Sodium, Serum-133 ,Potassium, Serum-4.6 ,Chloride-101 02\_05\_21 Phosphorus-3.4 ,Sodium, Serum-143 ,Potassium, Serum-4.7 ,Chloride-108 ,Creatinine, Serum-0.4 ,Uric Acid, Serum-1.2 ,Blood Urea Creatinine, Serum-0.9 03\_05\_21 Sodium, Serum-140 Potassium, Serum-5.3 ,Chloride-104 ,Creatinine, Serum-0.9 ,Uric Acid, Serum-2.0 ,Blood Urea Nitrogen (BUN)-04\_05\_21 Chloride-100 ,Creatinine, Serum-0.4 ,Uric Acid, Serum-1.6 ,Blood Urea Nitrogen (BUN)-11 ,Phosphorus-4.3 ,Potassium, Serum-5.7 16.0 Phosphorus-3.7 05\_05\_21 Uric Acid, Serum-2.0 ,Blood Urea Nitrogen (BUN)-16 ,Phosphorus-3.5 ,Potassium, Serum-4.8 ,Sodium, Serum-138 ,Chloride-102 Sodium, Serum-138 Creatinine, Serum-0.8 08\_05\_21 Phosphorus-3.2 ,Potassium, Serum-5.4 ,Sodium, Serum-137 ,Chloride-100 ,Creatinine, Serum-0.7 ,Uric Acid, Serum-2.1 ,Blood Urea 07\_05\_21 Potassium, Serum-5.0 ,Sodium, Serum-137 ,Chloride-101 ,Creatinine, Serum-0.6 ,Uric Acid, Serum-2.2 ,Blood Urea Nitrogen (BUN)-1 Nitrogen (BUN)-18 Phosphorus-3.7 08\_05\_21 Creatinine, Serum-0.6, Chloride-100, Uric Acid, Serum-2.1, Blood Urea Nitrogen (BUN)-19, Phosphorus-3.4, Potassium, Serum-4.8 Sodium, Serum-137 09\_05\_21 Chloride-100 ,Blood Urea Nitrogen (BUN)-19 ,Phosphorus-3.5 ,Potassium, Serum-4.7 ,Sodium, Serum-136 ,Uric Acid, Serum-2.2 Creatinine, Serum-0.6 10\_05\_21 Blood Urea Nitrogen (BUN)-20 , Potassium, Serum-5.0 , Sodium, Serum-136.0 , Uric Acid, Serum-2.5 , Creatinine, Serum-0.8 , Chloride-101.0 Phosphorus-3.4 LDH Serum 26 04 21 LDH Serum-819 27\_04\_21 LDH Serum-861 LIVER FUNCTION TEST (LFT), Serum 26\_04\_21 A/G Ratio-0.7 , Bilirubin Total-0.9 , Protein, Total-6.6 , Bilirubin, Direct-0.4 , Globulin Serum-3.8 , SGPT (ALT), Serum-39 , Bilirubin, Indirect-0.5 Albumin-2.8 Alkaline Phosphatase-38 ,Gamma Glutamyl Transferase (GGT)-52 ,SGOT (AST), Serum-131 27\_04\_21 Bilirubin, Direct-0.4 ,Globulin Serum-4.3 ,SGPT (ALT), Serum-42 ,Bilirubin, Indirect-0.7 ,Albumin-2.6 ,Alkaline Phosphatase-42 ,Gamma Glutamyl Transferase (GGT)-50 ,SGOT (AST), Serum-100 A/G Ratio-0.6 ,Bilirubin Total-1.1 ,Protein, Total-6.9 28\_04\_21 Bilirubin, Indirect-0.4 ,Albumin-2.4 ,Gamma Glutamyl Transferase (GGT)-51 ,Alkaline Phosphatase-43 ,SGOT (AST), Serum-90 ,A/G Ratio-0.6 Billirubin Total-0.8 Protein, Total-6.1 Billirubin, Direct-0.4 Globulin Serum-3.7 SGPT (ALT), Serum-51 29 04 21 Alkaline Phosphatase-42 ,SGOT (AST), Serum-49 ,Gamma Glutamyl Transferase (GGT)-55 ,A/G Ratio-0.7 ,Bilirubin Total-0.7 ,Protein, Total-5.7, Bilirubin, Direct-0.3, Globulin Serum-3.4, SGPT (ALT), Serum-42, Bilirubin, Indirect-0.4, Albumin-2.3 30 04\_21 Gamma Glutamyl Transferase (GGT)-56 ,A/G Ratio-0.6 ,Protein, Total-6.1 ,Billirubin Total-0.7 ,Billirubin, Direct-0.2 ,Globulin Serum-3.8 SGPT (ALT), Serum-41 ,Albumin-2.3 ,Bilirubin, Indirect-0.5 ,Alkaline Phosphatase-47 ,SGOT (AST), Serum-76 01\_05\_21 Bilirubin, Direct-0.3 ,Globulin Serum-3.6 ,SGPT (ALT), Serum-32 ,Albumin-2.2 ,Bilirubin, Indirect-0.6 ,Alkaline Phosphatese-47 ,SGOT (AST), Serum-51 ,Gamma Glutarnyl Transferase (GGT)-52 ,A/G Ratio-0.6 ,Protein, Total-5.8 ,Billrubin Total-0.9 02\_05\_21 Albumin-2.1 ,Billrubin, Indirect-0.4 ,Alkaline Phosphatase-45 ,SGOT (AST), Serum-36 ,Gamma Glutamyl Transferase (GGT)-49 ,A/G

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COTIN HO COLUMN ALL & Billrubin, Direct-0.4 Globulin Serum-3.7 SGPT (ALT) Service 28 03 05 21 Alceline Phosphatase 48 Bilinubid Address 6-3 SGOT (AST), Serum-58 Gamma Glutamyl Transferance (GGT)-51 Protein, Total 6 0
A/C Ratio-0 6 Bilinubid Address 6-3 SGOT (AST), Serum-58 Gamma Glutamyl Transferance (GGT)-51 Protein, Total 6 0 A/G Ratio-9.6 Ellirubin Total-9.7 Billirubin, Direct-9.4 Globuln Serum-3.8 SGPT (ALT), Serum-39.7 04\_05\_21 Gamma Glutamyl Transferase (GGT)-54 ,Protein, Total-5.4 ,F/G Ratio-0.5 ,Billirubin Total-0.3 ,Globulin Serum-4.0 | SGPT (ALT), Serum-58 All | SGPT (ALT), SG SGPT (ALT), Serum-56, Albumin-2.4, Alkaline Phosphatase-51, Billindin, Indirect-0.2, SGOT (AST), Serum-75 05\_05\_21 Billrubin, Direct-0.2, Billrubin Total-0.5, Globulin Serum-4.0, SGPT (ALT), Serum-105, Albumin-2.4, Assume Prosphetase-53, Balrubin, Indirect-0.2, SGOT (AST), Serum-105, Albumin-2.4, Assume Prosphetase-53, Balrubin, Indirect-0.3, SGOT (AST), Serum-105, Albumin-2.4, Assume Prosphetase-53, Balrubin, Indirect-0.3, SGOT (AST), Serum-105, Albumin-2.4, Assume Prosphetase-53, Balrubin, Indirect-0.2, SGOT (AST), Serum-105, Assume Prosphetase-105, SGOT (AST), S Indirect-0.3, SGOT (AST), Serum-135, Gamma Glutamy Transferase (GGT)-58, Protein, Total-6.4 ASS R-5-0.6 06\_05\_21-Abumin-2.3 ,Alkaline Phosphatase-54 ,Bilirubin, Indirect-0.4 ,SGOT (AST), Serum-114 ,Gamma Glutumyi Transferase (GGT)-58

Profein Total Co. Scott (ALT) Serum-122 Protein, Total-5.8, A/G Ratio-0.7, Billirubin, Direct-0.2, Globulin Serum-3.5, Billirubin Total-0.6, SGPT (ALT), Serum-122 07 05 21 Bilirubin, Indirect-0.2 SGOT (AST), Serum-115 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-12 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Total-5.4 A/G Ratio-0.7 Bilirubin, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase (GGT)-64 Protein, Direct-0.2 Global Serum-13 Gamma Glutamyl Transferase ( Direct-0.3 (Globulin Serum-3.8 , Bilirubin Total-0.5 , SGPT (ALT) Serum-144 Albumin-2.6 Alkaline Phosphatase-62 08\_05\_21 Gamma Giutamyl Transferase (GGT)-63 ,Protein, Total-5.9 ,A/G Ratio-0.7 ,Bilirubin, Direct-0.2 ,Globuin Serum-3.4 ,Bilirubin Total-0.4 ,SGPT (ALT), Son (ALT) SGPT (ALT), Serum-145, SGOT (AST), Serum-88, Albumin-2.5, Alkaline Phosphatase-56, Brilliubin, Indirect-0.2 09\_05\_21 Bilirubin, Direct-0.2 Globulin Serum-3.5 Bilirubin Total-0.5 SGPT (ALT), Serum-131 SGOT (AST), Serum-71 A/G Ratio-0.7 Albumin-2.5 Alkaling Physiological Physiolo 2.5 Alkaline Phosphatase-64 , Bilirubin, Indirect-0.3 , Garma Glutamyi Transferase (GGT)-68 , Protein, Total-6.0 10\_05\_21 Albumin-2.6 Alkaline Phosphatase-76 Billrubin, Indirect-0.4 Germa Glutamyl Transferase (GGT)-69 Protein, Total-6.1 Billrubin, Direct-0.2 Clabula 2 Direct-0.2 , Globulin Serum-3.5 , Bilirubin Total-0.5 , SGPT (ALT), Serum-125 , SGOT (AST), Serum-65 , A/G Ratio-0.7 SGOT/AST (ASPARTATE AMINO-TRANSFERASE) 12 05 21 SGOT (AST), Serum-42 SGPT/ALT (ALANINE AMINO-TRANSFERASE) 12 05 21 SGPT (ALT), Serum-77

### Investigation Report

C No.	Date	Investigation	Findings			
1	25-Apr-2021	CT THORAX / CHEST-HRCT PLAIN	Extensive scattered ill-defined areas of ground glass opacities and ground glass opacities with mil			
2.	12-May-2021	CT THORAX / CHEST-HRCT PLAIN				
	27-Apr-2021	X-RAY CHEST AP VIEW (PORTABE)				
	28-Apr-2021	X-RAY CHEST AP VIEW (PORTABE)				
	29-Apr-2021	X-RAY CHEST AP VIEW (PORTABE)				
	30-Apr-2021	X-RAY CHEST AP VIEW (PORTABE)				
	91-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
	02-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
	03-Mey-2021	X-RAY CHEST AP VIEW (PORTABE)				
0.	04-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
1.	05-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
2.	06-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
3.	07-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
4	08-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
	09-May-2021	X-RAY CHEST AP VIEW (PORTABE)				
16.	10-May-2021	X-RAY CHEST AP VIEW (PORTABE)				

Patient was admitted with above mentioned complaints. Patient thoroughly investigated and managed with Inj. Pantop, Inj. Ondern, Cap. Doxy. Tab. Limcee, Tab. Zavit, Cap. Bio D3, Inj. Surnol, Inj. Solumedrol, Inj. Piptaz, Tab. Udiliv, Inj. Emeset Inj. Remdesivir, Inj. Clexane, tab. Zincovit, Inj. Meropenam, Budecort Inhaler, Nebulization with Duolin+ Budecort and other supportive treatment.

### Condition on Discharge:

Patient is comfortable on discharge and advice Home Isolation for total 17 days from Date of onset of illness or 7 days from discharge whichever in later, Afebrile ≥3 days

Vitals - SPO2-96% for last 3 days.

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Discha	tge I	Wed	icati	ion	
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3.0 to 10 T				Night	No Of Days	Special instructions
Medication	Morning	After Noon	Evening	Might	10 01 177	
Tab. Ceftum 500mg	1			1	7	
Tab. Linxee				1	7	
				J	7	
Tab. Healthy pro	N			- 1	7	
Cap. Bio D3				Y	7	Before breakfast
Tab. Pan DSR	1			Y	7	
Tab. Medrol 16mg	V			V	7	
Syp. Ascoril	N	V		,		

Physiotherapy advice:-

Neumin Fine

- Regular coach incentive spirometery as advised.
- Breathing exercises as respiratory therapist as advised.
- · Brisk walk as per body allowance.
- SPO2 monitoring while performing any exercise.
- · Do not stop medication without doctor consultation
- Review in OPD with Dr. Sushil Upadhyay after 5 days in Green zone on I<sup>st</sup> floor with prior appointment.
- · Diabetologist consultation from treating physician
- In case of following emergency please contact hospital emergency services (24hrs) (Mob. 9582578821)
- Fever, Vomiting, Generalized Weakness, Breathlessness, Drowsiness Immediately report to emergency.
- Please collect pending reports, if any.

Checked by : Dr. Rupam Rana

Consultant:

Dr. Sushil Upadhyay

Director & Head Consultant (Pulmonary & Critical Care)

Le Crest Hospital, Sec-4, Vasundhara, GZB

Emergency No - 0120-4723333

Note: This is an important document, please keep this for further reference and bring on your next visit.

Dr. Aditya Gore DNB, CCEBDM, PGDMH

Associate Consultant

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