

DISTRICT MALE HOSPITAL

BADAUN, (UTTAR PRADESH)
DEPARTMENT OF PATHOLOGY

Date : 12-Sep-2024 Reg/Ref: 232638 / 178764
Name : MRS. NITIKA MEENA Age/Gender : 31 Yrs./Female
Ref.By : Dr. Phone : 9027244091 Ward : OPD dyl
Receipt : NA
Requested Test : CBC, hiv, hbsag, hcv, LFT, KFT
Coll Time : 12-Sep-2024 10:59 AM Validate : 14-Sep-2024 09:09 AMPrn. Time : 14-Sep-2024 09:09 AM

Investigation	Observed Values	Biological Ref. Interval
HAEMATOLOGY		
Complete Blood Count (By 3 Part Diff. Analyser)		
Haemoglobin	6.3 g/dL	12-15 g/dL
Total Leucocyte Count (TLC)	4200 cells/mm ³	4000- 11000cells/mm ³
Differential % Leucocyte Counts:		
Neutrophils %	60.3 %	40 - 80%
Lymphocytes %	31.3 %	20 - 40 %
Eosinophile/Monocyte/Basophil %	8.4 %	1 - 20 %
Total RBCs	2.51 Million cells/ μ L	3.8 - 4.8 Million cells/ μ L
HCT (Hematocrit)	14.4 %	36 - 46 %
MCV (Mean Cell Volume)	57.5 fl.	80 - 100 fl.
MCH (Mean Corpus. Haemoglobin)	25.3 pg	27 - 32 pg
MCHC (Mean Corpus. Hb Conc.)	44.1 g/dl	32 - 35 g/dl
RDW-SD(RBC Dist. width SD)	56.9 fL	37-54 fL
RDW-CV (RBC Dist. width CV)	16.3 %	11.5 - 14.5 %
Platelets Count	2.19 Lac cells/mm ³	1.5 - 4.5 Lac cells/mm ³
LPCR (Large Platelet Cells Ratio)	17.1 %	13-43 %
MPV (Mean Platelet Volume)	8.3 fl.	7.4-10.4 fL
PCT (Pitocrit)	0.18 %	0.10-0.28 %
PDW (Platelets Dist. Width)	11.2 %	10-17 %

BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Proteins	6.47 gm/dL.	6.0 - 7.8 gm/dL.
Serum Albumin	3.68 gm/dL.	3.5 - 5.0 gm/dL.
Serum Globulins	2.79 gm/dL.	2.5 - 3.5 gm/dL.
Serum A/G Ratio	1.32 : 1 Ratio	
Serum Bilirubin, Total	0.39 mg/dl.	0 - 1.2
Serum Bilirubin, Direct	0.19 mg/dl.	< 0.2
Serum Bilirubin, Indirect	0.2 mg/dl.	0.2-0.7 mg/dl.
SGOT	32 IU/L	
SGPT	24 IU/L	0 - 34
Serum Alkaline Phosphatase	150 IU/L	< 240

Checked By :-



350683 User: AMIRNIHAL (COLLECTION-PC)
Printed: 14/Sep/2024 09:09:04

Signed By Pathologist

DISTRICT MALE HOSPITAL

BADAUN, (UTTAR PRADESH)
DEPARTMENT OF PATHOLOGY

Date : 12-Sep-2024 Reg/Ref: 232638 / 178764
Name : MRS. NITIKA MEENA Age/Gender : 31 Yrs./Female
Ref.By : Dr. Phone : 9027244091 Ward : OPD dyl
Receipt : NA
Requested Test : CBC, hiv, hbsag, hcv, LFT, KFT
Coll Time : 12-Sep-2024 10:59 AM Validate : 14-Sep-2024 09:09 AMPrn. Time: 14-Sep-2024 09:09 AM

Investigation	Observed Values	Biological Ref. Interval
KIDNEY FUNCTION TEST		
Serum Urea	39 mg/dL.	10- 45 mg/dL.
Serum Uric Acid	3.3 mg/dL.	2.4 - 5.7 mg/dL.
Serum Creatinine	1.7 mg/dL.	0.5-1.5 mg/dL.

SEROLOGY

HIV RAPID TEST
HIV I AND II
Comments

Negative ✓
Negative ✓
0

HBsAg Rapid Test
All rapid card test to be confirm by elisa.

Negative ✓

HCV Rapid Test
All rapid card test to be confirm by elisa.
Comments

Negative ✓
0

Report Status : Final

"हम आपके शीघ्र स्वस्थ होने की कामना करते हैं"

End of report -----

Checked By :-
Technician

Signed By Pathologist

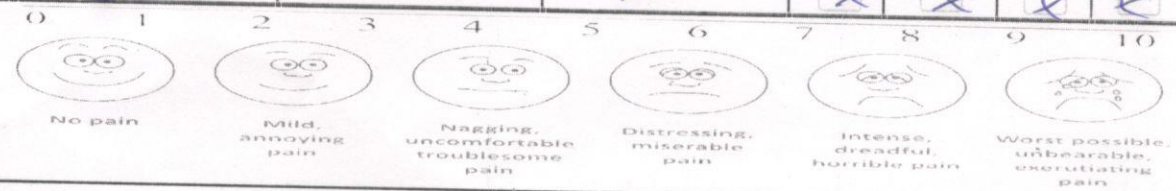


Patient Name: Nitika Meena Age/sex: 32 M/F UHID: _____
 Bed/ Machine: 2 DMO/RMO: _____ Nephrologist: _____

PHYSICIAN:-

CHEST	P/A EXAMINATION	CVS	CNS	VULNERABLE Yes <input type="checkbox"/> No <input type="checkbox"/>		PEDAL OEDEMA Yes <input type="checkbox"/> No <input type="checkbox"/>	
DRY WEIGHT	UF GOAL <u>3L TR</u>	KNOWN ALLERGY	BLOOD TRANSFUSION <u>N/O</u>	Hepar. FREE <input checked="" type="checkbox"/>	K ⁺ FREE <input checked="" type="checkbox"/>	Ca ⁺⁺ FREE <input checked="" type="checkbox"/>	Dext. FREE <input checked="" type="checkbox"/>

PAIN ASSESSMENT
(VISUAL ANALOGUE SCALE) →



DMO/RMO Notes (Medicine in Capital Letters)	Dialysis Nurse/ Technician Notes
Name & Sign: _____	Time: _____
	Name & Sign: <u>Abdul Hameed</u> Time: <u>10 PM</u>

DIALYSIS TECHNICIAN/NURSE:-

Weight (Last sess.): <u>NR</u>	Dialyzer Type: <u>DO8A</u>	Access Type: <u>P.C.</u>
Weight (Pre): <u>55:200</u>	Dialyzer Use: <u>R1</u>	Access Site Infection: <u>No</u>
Weight (Gain): <u>-</u>	FBV: <u>-</u>	Total Duration: <u>4H15</u>
Weight (Post): <u>52:00</u>	Kt/V: <u>1.2</u>	Heparin Given (Total): _____

Duration	TIME	BP	Pulse	Temp	SPO2	RR	BFR	DFR	STAFF NAME	SIGN
Pre	<u>12 PM</u>	<u>150/100</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>20</u>	<u>300</u>	<u>500</u>	<u>Abdul Hameed</u>	<u>[Signature]</u>
00:30	<u>12:30</u>	<u>140/100</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>22</u>	<u>300</u>	<u>500</u>		
01:00	<u>01:00</u>	<u>130/110</u>	<u>82</u>	<u>-</u>	<u>95</u>	<u>20</u>	<u>300</u>	<u>500</u>		
01:30	<u>01:30</u>	<u>150/110</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>20</u>	<u>300</u>	<u>500</u>		
02:00	<u>2:00</u>	<u>160/110</u>	<u>82</u>	<u>-</u>	<u>98</u>	<u>22</u>	<u>300</u>	<u>500</u>		
02:30	<u>2:30</u>	<u>140/100</u>	<u>84</u>	<u>-</u>	<u>97</u>	<u>20</u>	<u>300</u>	<u>500</u>		
03:00	<u>3:00</u>	<u>150/110</u>	<u>82</u>	<u>-</u>	<u>95</u>	<u>26</u>	<u>300</u>	<u>500</u>		
03:30	<u>3:30</u>	<u>140/100</u>	<u>84</u>	<u>-</u>	<u>96</u>	<u>22</u>	<u>300</u>	<u>500</u>		
Post	<u>12:00</u>	<u>150/100</u>	<u>82</u>	<u>-</u>	<u>97</u>	<u>20</u>	<u>300</u>	<u>500</u>	<u>Abdul Hameed</u>	<u>[Signature]</u>

S.No.	Time	MEDICATION (Capital Letter)	Dose	Route	Frequency	Nurse Name	Sign
<u>1</u>	<u>12 PM</u>	<u>7mg HEPARIN</u>	<u>5000 IU</u>	<u>IV</u>	<u>Bedside</u>	<u>Abdul Hameed</u>	<u>[Signature]</u>
		<u>EXP. DAT</u>	<u>3:26</u>			<u>Abdul Hameed</u>	

Discharge Notes: _____
