



Delhi Hospital

सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः

A NABH Accredited Multispeciality Hospital
Delhi-Rohtak Road, Bahadurgarh-124507(Hr.)
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Computerised Lab., X-Ray, Ultrasound, E. C. G.

8.00 A.M. To 7.00 P.M.
9.00 A.M. To 3.00 P.M.

COMPLETE RANGE OF BIOCHEMISTRY, MICROBIOLOGY,
HAEMATOLOGY, SEROLOGY, CYTOLOGY, HISTOPATHOLOGY

Delhi-Rohtak Road
BAHADURGARH-124507 (HARYANA)

Date	09/07/2024	Srl No.	64	Sex	F
Name	MRS. VIDHYA	Age	23 Yrs.		
Ref. By	Dr. RAHUL				

COMPLETE HAEMOGRAM

HAEMOGLOBIN (Hb)	7.9	gm/dl	12.0 - 14.5
TOTAL LEUCOCYTIC COUNT (TLC)	8,400	/cumm	4500 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	83	%	45.0 - 75.0
LYMPHOCYTE	15	%	20.0 - 45.0
EOSINOPHIL	01	%	0.00 - 6
MONOCYTE	01	%	0.00 - 10
BASOPHIL	00	%	0.00 - 0.00
R B C	3.31	Millions/cmm	3.8 - 5.8
PLATELET COUNT	2.20	Lakh/cmm	1.50 - 4.00
M C V	78.2	fl.	80 - 100
M C H	24.0	Picogram	27.0 - 31.0
M C H C	30.7	gm/dl	33 - 37
P.C.V / HAEMATOCRIT	25.9	%	40 - 54
RDW	52.2		35.0 - 55.0

PERIPHERAL SMEAR
RBC - NORMOCYTOSIS AND NORMOCHROMIA.
WBC - TOTAL AND DIFFERENTIAL COUNTS ARE NORMAL.
PLATELET - ADEQUATE ON SMEAR.
NO HAEMOPARASITES SEEN.

Priyanka
DR. PRIYANKA DAGAR
MBBS, MD (PATHOLOGY)
REG. NO. 19139
CONSULTANT PATHOLOGIST

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CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS.
MORE THAN 12 HOURS OVERNIGHT FASTING CONDITION IS REQUIRED FOR E.S.R., B.UREA, TRIGLYCERIDES, LIPID PROFILE, T3, T4 TSH, IRON & HORMONES
HEMOLYZED SERUM MAY FALSELY ELEVATE POSTASSIUM IRON, SGOT, SGPT, LDH AND PHOSPHATASE.
LIPEMIC SERUM MAY FALSELY ELEVATE ALKALINE PHOSPHATASE SGOT, CALCIUM, TOTAL PROTEINS AND CREATININE AND MAY FALSELY LOWER TOTAL BILIRUBIN.
THIS REPORT IS FOR THE PERSONAL USE OF DOCTORS ONLY NOT FOR MEDICOLEGAL CASES.
WE USE DISPOSABLE SYRINGES AND NEEDLES ONLY.
24 HOURS EMERGENCY SERVICES AVAILABLE



Discharge Summary

IPD No : 191 UHID No :
 PATIENT'S NAME : VIJYA AGE 23 Sex female
 S/o, W/o, D/o : VIKRAM
 ADDRESS : SHIV CHOWK, GALLI NO-2, HARI GARDEN
 DATE OF ADMISSION : 9/7/24 TIME OF ADMISSION : 6:55PM
 DATE OF DISCHARGE : 10/7/24 TIME OF DISCHARGE :
 DOCTOR INCHARGE :
 PANEL : ESI ICD CODE :
 Diagnosis : Anemia on CKD / on M.H.D / Severe Anemia

Reason for admission and summary of significant findings.

SHORTNESS OF BREATH, Dry cough, giddiness & palpitation since 2 weeks,
 CKD on M.H.D (2 times/week) since March 2024
 (Dialysis)

ON EXAMINATION :

O/E PE - 120/80
 BP - 142/110 mmHg
 SpO₂ - 84% on RA
 O/E CVS - S₁ & S₂ +
 Resp - RFL AE+ / ↓ BS (R) sternal
 CNS - conscious/alert
 P/A - Soft

INVESTIGATION RESULT :

ABG 9/7/24	Hb - 7.9	Tot Bil - 0.8	SuOT - 16.0	U.A - 8.5	Hb - 10.1
PH - 7.381	TLC - 8400	C. Bil - 0.2	SuPT - 14.0	S. Na - 133.3	TL - 8700
PO ₂ - 273	PLT - 2.20L	OBIL - 0.6	ALP - 59	S. K ⁺ - 5.1	AT - 2.60L
HCO ₃ - 16.2	A + ve	Alb - 3.4	B. urea - 70	S. Cl - 98.8	B. Urea - 28.0
PO ₂ - 86	(BILIT)	Hb - 3.1	S. Cr - 5.8	PRBS - 92	Ca - 5.7
					UA - 4.5
					S. Na - 131.8
					S. K ⁺ - 5.4

TREATMENT GIVEN :

10 PRBC transfused (ABO compatible)
 Inj AUGMENTIN 0.6gm IV TDS
 Inj PANTOP 40 mg IV OD
 Inj LASIX 20 mg IV OD
 T - NODOSLS 1 Tab PO TDS
 T - KETOART 1 tab P.O BD
 T - NEDPROSTAT 1 tab OD
 T - AMLODIP 5mg P.O OD
 Neb FORALIN 10mg IN OD

DHNI/ACC/FOR/07