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**DR. RAKESH SHARMA**

**MBBS, MD (MED) FACP**  
Consultant in Cardiology, Diabetes,  
Pulmonology, Epilepsy, Thyroid, Liver,  
Kidney & Critical Care Medicine

**Clinic :**

A-89, Subhadra Colony, Delhi - 110035

**Timings** : Only by Prior Appointment.

**Morning :** Tues., Thurs., Sat. - 10.00 am to 12.30

Mon., Wed., Fri. - 10.

**Evening : 9.00 pm to 10.00**

**Sunday** : On Appointment

**For Clinic Appointment**

☎ : 011-47021250, 011-23044191.  
011-634361 000034361 0000134361 931

For Emergency Only: 5810134361

For Emergency Only : 901013-244  
dr.sakshi@rediffmail.com

\_\_\_\_\_

**Honorary Consultant**

**Jeevan Mala Hospital**

67/1, New Pochtak Road, Karol Bagh.

New Delhi - 110 005

**Apollo Spectra Hospital**

66A/2, New Pochak Road, Karol Bagh,  
New Delhi 110005

New Delhi - 110 005

**Jeewan Mala Hospital : Timings :**

**Morning : (Main Block) :**

Tues., Thurs., Sat. - 1 pm to 4 pm

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

**Apollo Spectra Hospital : Timings :**

### On Appointment

On Appointment

Date: 16-07-2021 04:56 pm

**Model:** 181 1671234

Norman, R. 1990.

App. 500, 1.4g, 0.00125M, 1.0M

Figure 1

Source: *Journal of the American Statistical Association*, 1997, 92, 1031-1042. Reprinted by permission of the American Statistical Association.

Keywords: F/C OF, adolescents, resilience, post-traumatic stress disorder, violence, community

Findings: no other lymph nodes present, Lung RA: 14355, G12222, Pedal Edema Abdom: P14 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 1035, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1044, 1045, 104

1000

Keywords: *depression, mood, anxiety, self-esteem, self-efficacy, self-esteem, self-efficacy, self-esteem, self-efficacy*

Engagement occurs over time

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massa bubuk: 121,116 g,  $\rho_{\text{bulk}} = 0,88 \text{ g/cm}^3$ , temperatur: 29,2 °C, energi: 155,5 kJ

Diagnosis: Flu OK, good septicaemia, tachycardia 110bpm, SpO<sub>2</sub> 95% on 2L O<sub>2</sub>.

| Sl. No. | Medicine                | Strength        | Form     | Frequency  |
|---------|-------------------------|-----------------|----------|------------|
| 1       | Capitane Effortig D     | 250mg/400mg     | Tablet   | Once daily |
| 2       | Tablet Levamisole 25 mg | 25 mg           | Tablet   | Once daily |
| 3       | Tablet Clavex 500 & 125 | 500 mg + 125 mg | Tablet   | Once daily |
| 4       | Tablet Capix 500 mg     | 500 mg          | Tablet   | Once daily |
| 5       | Capixine BIFILAC HP     | 500 mg + 125 mg | Tablet   | Once daily |
| 6       | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
| 7       | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
| 8       | Tablet Solifen 25 mg    | 25 mg           | Tablet   | Once daily |
| 9       | Tablet Urilvast 400 mg  | 400 mg          | Tablet   | Once daily |
| 10      | Tablet Urilvast HP      | 400 mg          | Tablet   | Once daily |
| 11      | Solution Virod 50 mg/ml | 50 mg/ml        | Solution | Once daily |
| 12      | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
| 13      | Tablet Urilvast 400 mg  | 400 mg          | Tablet   | Once daily |
| 14      | Tablet Urilvast HP      | 400 mg          | Tablet   | Once daily |
| 15      | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
| 16      | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
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| 75      | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
| 76      | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
| 77      | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |
| 78      | Tablet Urilvast         | 40 mg           | Tablet   | Once daily |

Paul C. Anderson, Editor

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0910331324



Name: **MCARKEB** Centre Details: **Dr. Rakesh Sharma**  
Age: **14 Yrs** Sex: **Male** A-89, Sahbadra Colony  
Ref. No.: **Reg. ID: 120021010643**  
Regd. Date: **29/06/2021** Ref. By: **Dr. Rakesh Sharma**  
Coll. Dt. Tm: **29/06/2021 16:42:28**  
Recd. Dt. Tm: **29/06/2021 16:42:31** Hospital No.:

HAEMATOLOGY

| Test Name                                                                                                   | Value | Unit                      | Biological Ref. Interval |
|-------------------------------------------------------------------------------------------------------------|-------|---------------------------|--------------------------|
| <b>Fever Panel (Basic)</b>                                                                                  |       |                           |                          |
| <b>CBC (Complete Blood Count)</b>                                                                           |       |                           |                          |
| <small>(Semi-quantitative, Clot-Counter)</small>                                                            |       |                           |                          |
| <b>Hemoglobin (Hb)</b><br><small>Whole Blood EDTA<br/>Photometry / Cyanide-free Hemoglobin Analysis</small> | 13.5  | g/dL                      | 13.0 - 17.0              |
| <b>Total Leukocyte Count (TLC)</b><br><small>Whole Blood EDTA<br/>CC Detection</small>                      | 11.0  | $\times 10^3/\mu\text{L}$ | 4.0 - 10.0               |
| <b>RBC Count</b><br><small>Whole Blood EDTA<br/>CC Detection</small>                                        | 4.31  | million/ $\mu\text{L}$    | 4.50 - 5.50              |
| <b>HCT</b><br><small>Whole Blood EDTA<br/>RBC Pulse Height Detection</small>                                | 40.7  | %                         | 40.0 - 50.0              |
| <b>MCV</b><br><small>Whole Blood EDTA<br/>CC detection method (calculated)</small>                          | 94.6  | fL                        | 80.0 - 100.0             |
| <b>MCH</b><br><small>Whole Blood EDTA<br/>CC detection method (calculated)</small>                          | 31.3  | pg                        | 27.0 - 32.0              |
| <b>MCHC</b><br><small>Whole Blood EDTA<br/>CC detection method (calculated)</small>                         | 33.2  | gm/dL                     | 32.0 - 35.0              |
| <b>Platelet Count</b><br><small>Whole Blood EDTA<br/>CC Detection / Microscopy</small>                      | 231   | $\times 10^3/\mu\text{L}$ | 150 - 410                |
| <b>RDW</b><br><small>Whole Blood EDTA<br/>CC Detection (Calculated)</small>                                 |       |                           |                          |
|                                                                                                             | 14.6  | %                         | 11.0 - 15.0              |
| <b>DLC</b>                                                                                                  |       |                           |                          |
| <b>Neutrophils</b><br><small>Whole Blood EDTA<br/>Microscopy</small>                                        | 70.0  | %                         | 40.0 - 80.0              |
| <b>Lymphocytes</b><br><small>Whole Blood EDTA<br/>Microscopy</small>                                        | 26.0  | %                         | 20.0 - 40.0              |
| <b>Eosinophils</b><br><small>Whole Blood EDTA<br/>Microscopy</small>                                        | 2.0   | %                         | 1.0 - 6.0                |

**Note:** Platelets decrease a lot on keeping; sample should be sent to the laboratory as soon as possible. Low platelet count should be interpreted in correlation with the clinical picture of the patient.

Contd. 3

Please correlate the test results with clinical history of the patient. Ask for intermediate review.



|               |                     |                       |                   |
|---------------|---------------------|-----------------------|-------------------|
| Name          | MCAREEB             | Center Details        | Dr. Rakesh Sharma |
| Age           | 14 Yrs              | A-89, Subhadra Colony |                   |
| Ref. No.      | Sex: Male           | Reg. ID               | 120021010443      |
| Regd. Date    | 29/06/2021          | Ref. By               | Dr. Rakesh Sharma |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 | Hospital No.          |                   |
| Recd. Dt. Tm. | 29/06/2021 16:42:31 |                       |                   |

|                                                      |     |   |            |
|------------------------------------------------------|-----|---|------------|
| <b>Monocytes</b><br><small>White Blood Cells</small> | 2.0 | % | 2.0 - 10.0 |
|------------------------------------------------------|-----|---|------------|

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prevent from misuse

Contd..4

Please correlate the test results with clinical history of the patient. Not for therapeutic purpose.

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Name: Mr. AKEEB  
Age: 14 Yrs Sex: Male  
Ref. No.:  
Regd. Date: 29/06/2021  
Coll. Dt. Tm: 29/06/2021 16:42:28  
Recd. Dt. Tm: 29/06/2021 16:42:31  
Centre Details: Dr. Rakesh Sharma  
A-89, Subhadra Colony  
Reg. ID: 120021010443  
Ref. By: Dr. Rakesh Sharma  
Hospital No.:

**Absolute Leucocyte Count**

**Absolute Neutrophil Count**  
Whole Blood EDTA  
DC Detection & Microscopy

7.70

$\times 10^3/\mu\text{L}$

2.00 - 7.00

**Absolute Lymphocyte Count**  
Whole Blood EDTA  
DC Detection & Microscopy

2.86

$\times 10^3/\mu\text{L}$

1.00 - 3.00

**Absolute Monocyte Count**  
Whole Blood EDTA  
DC Detection & Microscopy

0.22

$\times 10^3/\mu\text{L}$

0.20 - 1.00

**Absolute Eosinophil Count**  
Whole Blood EDTA  
DC Detection & Microscopy

0.22

$\times 10^3/\mu\text{L}$

0.02 - 0.50

**Absolute Basophils Count**  
Whole Blood EDTA  
DC Detection & Microscopy

0.00

$\times 10^3/\mu\text{L}$

0.02 - 0.10

**Erythrocyte Sedimentation Rate**  
Whole Blood EDTA  
Westergren

05

mm

00 - 10

**Smear Examination for Malarial Parasite**  
Whole Blood EDTA  
Light Microscopy

Not Detected

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*Signature*

Dr. Anu Tripathi  
MD (Path.)  
Consultant Pathologist  
DMC No-43012



**Name** Mr. AKEEB  
**Age** 14 Yrs **Sex** Male  
**Ref. No.**  
**Regd. Date** 29/06/2021  
**Coll. Dt. Tm.** 29/06/2021 16:42:28  
**Recd. Dt. Tm.** 29/06/2021 16:42:31  
**Centre Details** Dr. Rakesh Sharma  
**A-89, Subhadra Colony**  
**Reg. ID** 120021010443  
**Ref. By** Dr. Rakesh Sharma  
**Hospital No.**

## SEROLOGY

| Test Name                          | Value  | Unit | Biological Ref. Interval |
|------------------------------------|--------|------|--------------------------|
| <b>Widal (Slide Agglutination)</b> |        |      |                          |
| <b>S. Typhi Antigen 'O'</b>        | < 1:80 |      | < 1:80                   |
| <b>S. Typhi Antigen 'H'</b>        | < 1:80 |      | < 1:80                   |
| <b>S. Paratyphi Antigen A(H)</b>   | < 1:80 |      | < 1:80                   |
| <b>S. Paratyphi Antigen B(H)</b>   | < 1:80 |      | < 1:80                   |

**Limitations:** Numerous false positives due to cross reacting antibodies and heterospecific anamnestic responses and false low titres as a result of partial treatment are observed. This makes clinical correlation with lab findings mandatory.

Widal test is a slide agglutination test employed in serology for diagnosis of enteric fever.

1. Timings of test is important as antibodies begin to rise during end of first week. The titres increase during second, third and fourth week after which it gradually declines. The test may be negative in early part of first week.
2. A single Widal test is of little clinical relevance due to the number of cross reacting infections, including malaria. If no other tests (either bacteriological culture or more specific serology) are available, a four fold increase in the titer (e.g. from 1:80 to 1:160) in the course of the infection, or a conversion from an IgM reaction to an IgG reaction of at least the same titer, would be consistent with a typhoid infection.
3. A rise in titre between two sera specimens is more meaningful than a single test. If the first sample is taken late in the disease, a rise in titre may not be demonstrable. Instead there may be a fall in titre.
4. The antibody levels of individuals in a population (Baseline titre) of the population must be known before attaching significance to the titre. A titre of 100 or more for O antigen and a titre in excess of 200 for H antigens is considered significant.
5. Patients already treated with antibiotics may not show any rise in titre, instead there may be fall in titre. Patients treated with antibiotics in early stages may not give positive results.
6. Patients who have received vaccines against Salmonella may give false positive reactions. To differentiate it from true infection, repeat the test after a week. True untreated infection results in rise in titre whereas vaccinated individuals do not demonstrate any rise in titre.
7. Individuals, who had suffered from enteric fever in the past, sometimes develop anti salmonella antibodies during an unrelated or closely related infection. This "anamnestic response" can be differentiated from true infection by lack of any rise in titre on repetition after one week.
8. Antigen suspensions with fimbrial antigens may sometimes give false positive reactions due to sharing of fimbrial antigens by some Enterobacteriaceae members.

Dr. Anil Tripathi  
 MD (Path.)  
 Consultant Pathologist  
 DMC No-43012

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Contd. B

Please correlate the test results with clinical history of the patient. Not for therapeutic purposes.



|               |                     |                       |                   |
|---------------|---------------------|-----------------------|-------------------|
| Name          | Mr. AREEB           | Centre Details        | Dr. Rakesh Sharma |
| Age           | 34 Yrs              | A-89, Subhasha Colony |                   |
| Ref. No.      |                     | Reg. ID               | 120021010443      |
| Regd. Date    | 29/06/2021          | Ref. By               | Dr. Rakesh Sharma |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 | Hospital No.          |                   |
| Recd. Dt. Tm. | 29/06/2021 16:42:31 |                       |                   |

CLINICAL PATHOLOGY

| Test Name                                                                        | Value       | Unit | Biological Ref. Interval |
|----------------------------------------------------------------------------------|-------------|------|--------------------------|
| <b>Urine Examination (Routine)</b><br><small>Urine Test and Microscopy</small>   |             |      |                          |
| <b>Physical Examination</b>                                                      |             |      |                          |
| <b>Volume</b><br><small>Urine</small>                                            | 5           | ml   |                          |
| <b>Colour</b><br><small>Urine</small>                                            | PALE YELLOW |      | PALE YELLOW              |
| <b>Appearance</b><br><small>Urine</small>                                        | HAZY        |      | CLEAR                    |
| <b>pH</b><br><small>Urine<br/>Don't indicate acid</small>                        | 6.5         |      | 6.5                      |
| <b>Specific Gravity</b><br><small>Urine<br/>Hydrometric antigen analysis</small> | 1.010       |      | 1.001-1.035              |
| <b>Chemical Examination</b>                                                      |             |      |                          |
| <b>Urine Protein</b><br><small>Urine<br/>Protein detection</small>               | NIL         |      | NIL                      |
| <b>Urine Glucose</b><br><small>Urine<br/>Oxidation reaction</small>              | NIL         |      | NIL                      |
| <b>Blood</b><br><small>Urine<br/>Hemoglobin analysis</small>                     | NIL         |      | NIL                      |
| <b>Microscopic Examination</b>                                                   |             |      |                          |
| <b>Red Blood Cells</b><br><small>Urine<br/>Microscopy</small>                    | NIL         | /hpf | NIL                      |
| <b>Pus Cells (WBC)</b><br><small>Urine<br/>Microscopy</small>                    | 2-4         | /hpf | 0-5                      |
| <b>Epithelial Cells</b><br><small>Urine<br/>Microscopy</small>                   | 1-2         | /hpf | FEW                      |
| <b>Casts</b><br><small>Urine<br/>Microscopy</small>                              | NIL         | /hpf | NIL                      |
| <b>Crystals</b><br><small>Urine<br/>Microscopy</small>                           | NIL         |      | N                        |

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different from original

N  
*Lyag*  
Dr. Anil Tripathi  
MD (Path.)  
Consultant Pathologist  
DMC No-45012

\* Not in Scope of NABL

Contd... 2

Please correlate the test results with clinical history of the patient. Ref for further investigations





Name: **Mr. AREEB**  
Age: **14 Yrs** Sex: **Male** Centre Details: **Dr. Rakesh Sharma**  
Ref. No.: A-89, Subhadra Colony  
Regd. Date: **29/06/2021** Reg. ID: **120021010443**  
Coll. Dt. Tm: **29/06/2021 16:42:28** Ref. By: **Dr. Rakesh Sharma**  
Recd. Dt. Tm: **29/06/2021 16:42:31** Hospital No.:  
Hospital No.:

**BIOCHEMISTRY**

| Test Name                                                             | Value | Unit  | Biological Ref. Interval                                                                          |
|-----------------------------------------------------------------------|-------|-------|---------------------------------------------------------------------------------------------------|
| <b>MBG Panel</b>                                                      |       |       |                                                                                                   |
| <b>Liver Function Test (LFT)</b>                                      |       |       |                                                                                                   |
| <b>Protein Total</b><br><small>Serum</small>                          | 7.1   | g/dL  | 6.0 - 8.0                                                                                         |
| <b>Albumin</b><br><small>Serum</small>                                | 4.2   | g/dL  | 3.8 - 5.4                                                                                         |
| <b>Globulin</b><br><small>Serum</small>                               | 2.9   | g/dL  | 2.1 - 3.5                                                                                         |
| <b>A:G (Albumin:Globulin) Ratio</b><br><small>Calculated</small>      | 1.45  |       | 1.20 - 2.00                                                                                       |
| <b>SGOT/AST (Aspartate Amino-transferase)</b><br><small>Serum</small> | 32    | U/L   | 5 - 40                                                                                            |
| <b>SGPT/ALT (Alanine Amino-transferase)</b><br><small>Serum</small>   | 35    | U/L   | 5 - 41                                                                                            |
| <b>ALP (Alkaline Phosphatase)</b><br><small>Serum</small>             | 154   | U/L   | 116 - 468                                                                                         |
| <b>GGTP (Gamma Glutamyl-Transferase)</b><br><small>Serum</small>      | 22    | U/L   | 10 - 71                                                                                           |
| <b>Bilirubin, Total</b><br><small>Serum</small>                       | 0.15  | mg/dL | 0.20 - 1.20                                                                                       |
| <b>Bilirubin, Direct</b><br><small>Serum</small>                      | 0.09  | mg/dL | Adults 0.2 - 1.2<br>0 - 1 Day <8<br>1 - 2 Days <13.0<br>2 - 3 Days <17.0<br>3 Days - 1 Month <1.0 |
| <b>Bilirubin, Indirect</b><br><small>Serum</small>                    | 0.06  | mg/dL | 0.10 - 1.20                                                                                       |

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Please consider the test results with clinical history of the patient. Test kit: In-house/external

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|               |                     |                       |                   |
|---------------|---------------------|-----------------------|-------------------|
| Name          | Mr. AREEB           | Centre Doctor         | Dr. Rakesh Sharma |
| Age           | 14 Yrs              | Sex                   | Male              |
| Ref. No.      |                     | A-09, Subhadra Colony |                   |
| Regd. Date    | 29/06/2021          | Reg. ID               | 120021010441      |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 | Ref. By               | Dr. Rakesh Sharma |
| Recd. Dt. Tm. | 29/06/2021 16:42:31 | Hospital No.          |                   |

### Kidney Function Test (KFT)

|                                           |      |        |             |
|-------------------------------------------|------|--------|-------------|
| Urea, Serum                               | 15   | mg/dL  | 17 - 49     |
| <small>Serum Urea Nitrogen (Urea)</small> |      |        |             |
| Creatinine, Serum                         | 0.71 | mg/dL  | 0.50 - 1.00 |
| <small>Serum Creatinine (Cr)</small>      |      |        |             |
| Uric Acid, Serum                          | 5.99 | mg/dL  | 3.40 - 7.60 |
| <small>Serum Uric Acid (UA)</small>       |      |        |             |
| Sodium                                    | 137  | mmol/L | 136 - 145   |
| <small>Serum Sodium (Na)</small>          |      |        |             |
| Potassium                                 | 4.3  | mmol/L | 3.5 - 5.3   |
| <small>Serum Potassium (K)</small>        |      |        |             |
| Chloride                                  | 107  | mmol/L | 97 - 110    |
| <small>Serum Chloride (Cl)</small>        |      |        |             |

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Please correlate the test results with clinical history of the patient, for a meaningful purpose.

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|               |                     |     |      |                       |                   |
|---------------|---------------------|-----|------|-----------------------|-------------------|
| Name          | McAREER             |     |      | Centre Details        | Dr. Rakesh Sharma |
| Age           | 14 Yrs              | Sex | Male | A-39, Subhadra Colony |                   |
| Ref. No.      |                     |     |      | Reg. ID               | 120021010443      |
| Regd. Date    | 29/06/2021          |     |      | Ref. By               | Dr. Rakesh Sharma |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 |     |      | Hospital No.          |                   |
| Recd. Dt. Tm. | 29/06/2021 16:42:31 |     |      |                       |                   |

### Lipid Profile (Basic)

| Parameter                                                                                                                        | Value | Unit  | Reference Range                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------|-------|-------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Cholesterol</b><br><small>Enzymatic Colorimetric</small>                                                                | 143   | mg/dL | Desirable Cholesterol Level : < 200<br>Borderline high Cholesterol : 200 - 240<br>High Cholesterol : >= 240                                  |
| <b>Triglycerides</b><br><small>GPO-POD</small>                                                                                   | 143   | mg/dL | Normal : < 150<br>Borderline : 150 - 199<br>High : 200 - 499<br>Very High : >= 500                                                           |
| <b>HDL Cholesterol</b><br><small>Enzymatic Colorimetric</small>                                                                  | 51    | mg/dL | Male : 35 - 55<br>Female : 45 - 65                                                                                                           |
| <b>LDL Cholesterol</b><br><small>Calculation</small>                                                                             | 63    | mg/dL | Optimal (Ideal) : < 100<br>Near Optimal / above Optimal : 100 - 129<br>Borderline High : 130 - 159<br>High : 160 - 189<br>Very High : >= 190 |
| <b>Is High Risk Patient including patient with Diabetes (Ref NCEP III update 2017, the desirable LDL goal is &lt; 100 mg/dL)</b> |       |       |                                                                                                                                              |
| <b>VLDL Cholesterol</b><br><small>Calculation</small>                                                                            | 29    | mg/dL | 0 - 40                                                                                                                                       |
| <b>Total / HDL Cholesterol Ratio</b><br><small>Ratio</small>                                                                     | 2.8   |       |                                                                                                                                              |
| <b>HDL Cholesterol</b><br><small>Calculation</small>                                                                             | 92.0  | mg/dL | Adult<br>Optimal < 130<br>Above Optimal 130 - 159<br>Borderline High 160 - 189<br>High 190 - 219<br>Very High >= 220                         |

**Note:**

- Measurements in the same patient can show physiological & analytical variations. Three serial samples / week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk of Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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Contd.: 10

Please correlate the test results with clinical history of the patient. Test for cardiovascular purposes

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|               |                     |     |      |                       |                   |
|---------------|---------------------|-----|------|-----------------------|-------------------|
| Name          | Mr. AKEEB           |     |      | Center Details        | Dr. Rakesh Sharma |
| Age           | 14 Yrs              | Sex | Male | A-37, Subhadra Colony |                   |
| Ref. No.      |                     |     |      | Reg. ID               | 120021010443      |
| Regd. Date    | 29/06/2021          |     |      | Ref. By               | Dr. Rakesh Sharma |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 |     |      | Hospital No.          |                   |
| Recd. Dt. Tm. | 29/06/2021 16:42:31 |     |      |                       |                   |

4-NLA-2014 identifies Non HDL Cholesterol (an indicator of all the atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

**Comment**

1- TP III suggested the addition of Non HDL Cholesterol (Total Cholesterol - HDL Cholesterol) as an indicator of all atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterol is used as a secondary target of therapy in persons with triglycerides  $\geq 200$  mg/dL. The goal for Non HDL Cholesterol in those with increased triglycerides is 20 mg/dL above that set for LDL Cholesterol.

2- For calculation of CHD risk, history of smoking, any medication for hypertension & current blood pressure levels are required.



Contd.. II

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|               |                     |     |      |                       |                   |
|---------------|---------------------|-----|------|-----------------------|-------------------|
| Name          | Mr. ARJUN           |     |      | Center Details        | Dr. Rakesh Sharma |
| Age           | 14 Yrs              | Sex | Male | A-89, Subhadra Colony |                   |
| Ref. No.      |                     |     |      | Reg. ID               | (2002101044)      |
| Regd. Date    | 29/06/2021          |     |      | Ref. By               | Dr. Rakesh Sharma |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 |     |      |                       |                   |
| Recd. Dt. Tm. | 29/06/2021 16:42:31 |     |      | Hospital No.          |                   |

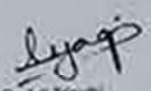
|                                                  |      |       |              |
|--------------------------------------------------|------|-------|--------------|
| Calcium                                          | 9.90 | mg/dL | 8.40 - 10.20 |
| <small>Serum<br/>Mid P.M.</small>                |      |       |              |
| Phosphorus                                       | 3.37 | mg/dL | 2.90 - 5.10  |
| <small>Serum<br/>Mid P.M.</small>                |      |       |              |
| Glucose (Fasting/Random)                         |      |       |              |
| Glucose (Random)                                 | 84   | mg/dL | 70 - 140     |
| <small>Serum, F.P. Plasma, R.P. (Random)</small> |      |       |              |

**Comment:**

- \* Random glucose in plasma measures the glucose levels regardless of the last meal/intake.
- \* Random testing is useful because glucose levels in healthy individuals do not vary widely throughout the day.
- \* A random plasma glucose  $\geq 200$  mg/dL denotes diabetes.
- \*  $\geq 110$  but  $< 199$  mg/dL suggest fasting plasma glucose levels and proceed.

Ref: American Diabetes Association.



  
 Dr. Anil Tripathi  
 MD (Path.)  
 Consultant Pathologist  
 DMC No-43012

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Contd. 12

Please correlate the test results with clinical history of the patient. Not for medico-legal purposes.

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**Form L-48**

**Name** McABEER  
**Age** 14 Yrs  
**Ref. No.** Sex Male  
**Regd. Date** 29/06/2021  
**Coll. Dt. Tm.** 29/06/2021 16:42:28  
**Recd. Dt. Tm.** 29/06/2021 16:42:31

**Centre Details** Dr. Rakesh Sharma  
A-89, Subhadra Colony  
**Reg. ID** 120021016443  
**Ref. By** Dr. Rakesh Sharma  
**Hospital No.**



---

**IMMUNOASSAY**

| Test Name                                                                                         | Value | Unit  | Biological Ref. Interval |
|---------------------------------------------------------------------------------------------------|-------|-------|--------------------------|
| <b>Thyroid Profile Free</b><br><small>Chemiluminescent Microparticle Immunoassay (CMA)</small>    |       |       |                          |
| <b>FT3 (Free Triiodo thyronine)</b><br><small>CLIA (Electrochemoluminescence Immunoassay)</small> | 4.36  | pg/mL | 2.56 - 5.81              |

| Pregnants     |           |       |
|---------------|-----------|-------|
| 1st trimester | 2.5 - 3.9 | pg/mL |
| 2nd trimester | 2.1 - 3.6 | pg/mL |
| 3rd trimester | 2.0 - 3.3 | pg/mL |

\* Please note test values may vary depending on the assay method used.

|                                                                                           |      |       |             |
|-------------------------------------------------------------------------------------------|------|-------|-------------|
| <b>FT4 (Free Thyroxine)</b><br><small>CLIA (Electrochemoluminescence Immunoassay)</small> | 1.02 | ng/dL | 0.98 - 1.63 |
|-------------------------------------------------------------------------------------------|------|-------|-------------|

| Pregnants     |           |       |
|---------------|-----------|-------|
| 1st trimester | 0.9 - 1.5 | ng/dL |
| 2nd trimester | 0.8 - 1.3 | ng/dL |
| 3rd trimester | 0.7 - 1.2 | ng/dL |

\* Please note test values may vary depending on the assay method used.

|                                                                                                        |      |        |             |
|--------------------------------------------------------------------------------------------------------|------|--------|-------------|
| <b>TSH (Thyroid Stimulating Hormone)</b><br><small>CLIA (Electrochemoluminescence Immunoassay)</small> | 5.58 | mIU/mL | 0.51 - 4.30 |
|--------------------------------------------------------------------------------------------------------|------|--------|-------------|

The Biological reference interval provided is for Adults.  
For age specific reference interval, please refer to the table given below.

**Interpretation:**

| TSH  | T3/FT3      | T4/FT4      | Interpretation                                 |
|------|-------------|-------------|------------------------------------------------|
| High | Normal      | Normal      | Subclinical Hypothyroidism                     |
| Low  | Normal      | Normal      | Subclinical Hyperthyroidism                    |
| High | High        | High        | Secondary Hyperthyroidism                      |
| Low  | High/Normal | High/Normal | Hyperthyroidism                                |
| Low  | Low         | Low         | Non-Thyroidal illness/Secondary Hypothyroidism |

Contd.: 13

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Please correlate the test results with clinical history of the patient. Alert the physician in case of critical results.

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World Health Organization



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Innovative Diagnostic Solutions

**Name** Mr. AREEB

**Age** 14 Yrs **Sex** Male

**Ref. No.**

**Regd. Date** 29/06/2021

**Coll. Dt. Tm.** 29/06/2021 16:42:28

**Recd. Dt. Tm.** 29/06/2021 16:42:31

**Centre Details** Dr. Rakesh Sharma

**A-89, Subhadra Colony**

**Reg. ID** 120021010443

**Ref. By** Dr. Rakesh Sharma

**Hospital No.**

| TSH (mU/mL) |                   |             |
|-------------|-------------------|-------------|
| Children    | Newborns          | 0.70 - 15.2 |
|             | 6 Days - 3 Months | 0.72 - 11.0 |
|             | 4 - 12 Months     | 0.73 - 8.35 |
|             | 1 - 6 Years       | 0.70 - 5.97 |
|             | 7 - 11 Years      | 0.60 - 4.84 |
|             | 12 - 20 Years     | 0.51 - 4.30 |
| Adults      |                   | 0.27 - 4.2  |

TSH Levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH levels is approx 50% +/-, hence time of the day can influence the measured serum concentration.

\* Please note test values may vary depending on the assay method used.

\* For monitoring of therapy it is advisable to test parameters by same assay method.

The values with different methods cannot be used interchangeably due to difference in test procedures and reagent specificity.

\*\*\* End of Report \*\*\*

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Dr. Anil Tripathi  
MD (Path.)  
Consultant Pathologist  
DMC No-43012

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|              |                     |     |      |                       |                     |
|--------------|---------------------|-----|------|-----------------------|---------------------|
| Name         | Mr. ARJUN           |     |      | Centre Details        | Dr. Rakesh Sharma   |
| Age          | 14 Yrs              | Sex | Male | A-89, Subhadra Colony |                     |
| Ref. No.     |                     |     |      | Reg. ID               | 120021016443        |
| Regd. Date   | 29/06/2021          |     |      | Ref. By               | Dr. Rakesh Sharma   |
| Coll. Dt. Tm | 29/06/2021 16:42:28 |     |      | Report Dt. Tm         | 05/07/2021 11:48:49 |
| Recd. Dt. Tm | 30/06/2021 07:37:01 |     |      | Hospital No.          |                     |

**Bactec Blood Culture & Sensitivity**

**Nature of Sample**

Blood.

First Interim report

There is no growth of any aerobic/pyogenic organism after 24 hrs. of incubation at 37°C. The 2nd interim report after 48 hrs. and final report after 5 days incubation will be issued or earlier if microbial growth is detected.  
Second Interim report

There is no growth of aerobic/pyogenic organism after 48 hrs. of incubation at 37°C. This is 2nd interim report. Final report will be issued after 5 days incubation or earlier if microbial growth is detected.  
Final report

No growth of aerobic pyogenic organism after 5 days of incubation at 37°C.

**Comments :-**

- \* Antibiotic therapy prior to sample collection (even a single dose) may yield a negative result.

**Note :-**

- \* All antibiotic sensitivity testings are performed by Kirby-Bauer disc diffusion method as per CLSI guidelines of M100 28th ed. 2018.
- \* These are in vitro-tests. There may be an in-vitro/in vivo paradox, the possibility of which can be kept as minimum as possible, if the clinicians strongly advise their patients to complete dosage of the antibiotics as recommended.

\*\*\* End of Report \*\*\*

Dr. Neha  
Head Microbiology and Serology  
MD Microbiology

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|               |                     |                        |                     |
|---------------|---------------------|------------------------|---------------------|
| Name          | Mr. AREEB           | Centre Details         | Dr. Rakesh Sharma   |
| Age           | 14 Yrs              | A-89, Subhashda Colony |                     |
| Ref. No.      |                     | Reg. ID                | (2002101044)        |
| Regd. Date    | 29/06/2021          | Ref. By                | Dr. Rakesh Sharma   |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 | Report Dt. Tm.         | 05/07/2021 11:48:49 |
| Recd. Dt. Tm. | 30/06/2021 07:37:01 | Hospital No.:          |                     |

**Bactec Blood Culture & Sensitivity**

**Nature of Sample**

Blood

First Interim report

There is no growth of any aerobic/pyogenic organism after 24 hrs. of incubation at 37°C. The 2nd interim report after 48 hrs. and final report after 5 days incubation will be issued or earlier if microbial growth is detected.  
Second Interim report

There is no growth of aerobic/pyogenic organism after 48 hrs. of incubation at 37°C. This is 2nd interim report. Final report will be issued after 5 days incubation or earlier if microbial growth is detected.  
Final report

No growth of aerobic pyogenic organism after 5 days of incubation at 37°C

**Comments :-**

- Antibiotic therapy prior to sample collection (even a single dose) may yield a negative result.

**Note :-**

- All antibiotic sensitivity testings are performed by Kirby Bauer disc diffusion method as per CLSI guidelines of M100 28th ed. 2018.
- These are in vitro tests. There may be an in-vitro in vivo paradox, the possibility of which can be kept as minimum as possible, if the clinicians strongly advise their patients to complete dosage of the antibiotics as recommended.

\*\*\* End of Report \*\*\*

Dr. Rakesh  
Head Microbiology and Serology  
MD Microbiology

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|                      |                     |                       |                          |
|----------------------|---------------------|-----------------------|--------------------------|
| <b>Name</b>          | <b>MR. AREEB</b>    | <b>Centre Details</b> | <b>Dr. Rakesh Sharma</b> |
| <b>Age</b>           | 14 Yrs              | <b>Sex</b>            | Male                     |
| <b>Ref. No.</b>      |                     | <b>Reg. ID</b>        | 120021010443             |
| <b>Regd. Date</b>    | 29/06/2021          | <b>Ref. By</b>        | Dr. Rakesh Sharma        |
| <b>Colt. Dt. Tm.</b> | 29/06/2021 16:42:28 | <b>Hospital No.</b>   |                          |
| <b>Recd. Dt. Tm.</b> | 30/06/2021 07:37:01 |                       |                          |

### Urine Culture & Sensitivity

Conventional Rapid Culture & Sensitivity

**Nature of Sample**

Urine

**Type of Report**

Final

**Organism Isolated**

Pseudomonas aeruginosa

**Colony Count**

>10<sup>5</sup> CFU/ml

**Culture Comment**

| Antimicrobial               | MIC  | Interpretation |
|-----------------------------|------|----------------|
| Ticarcillin/Clavulanic acid | 16   | Sensitive      |
| Cefoperazone/Sulbactam      | <=8  | Sensitive      |
| Cefepime                    | 8    | Sensitive      |
| Doripenem                   | 0.5  | Sensitive      |
| Imipenem                    | 2    | Sensitive      |
| Meropenem                   | 0.5  | Sensitive      |
| Amikacin                    | <=2  | Sensitive      |
| Gentamicin                  | 4    | Sensitive      |
| Ciprofloxacin               | 0.5  | Sensitive      |
| Levofloxacin                | 1    | Sensitive      |
| Ceftazidime                 | >=64 | Resistant      |
| Piperacillin/Tazobactam     | <=4  | Sensitive      |

### Comments :-

Antibiotic therapy prior to sample collection (even a single dose) may yield a negative result



|               |                     |        |      |                       |                   |
|---------------|---------------------|--------|------|-----------------------|-------------------|
| Name          | Mr. ARKAR           | Gender | Male | Center Name           | Dr. Rakesh Sharma |
| Age           | 14 Yrs              |        |      | A-99, Sushruta Colony |                   |
| Ref. No.      |                     |        |      | Reg. ID               | 120011010441      |
| Regd. Date    | 28/06/2021          |        |      | Ref. By               | Dr. Rakesh Sharma |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 |        |      |                       |                   |
| Recd. Dt. Tm. | 30/06/2021 07:37:01 |        |      | Hospital No.:         |                   |

**Bacter Blood Culture & Sensitivity**

Nature of Sample: Blood  
First Interim report

There is no growth of any aerobic/pyogenic organism after 24 hrs. of incubation at 37°C. This is 2nd interim report after 48 hrs. and final report after 5 days incubation will be issued or earlier if microbial growth is detected.  
Second Interim report

There is no growth of aerobic/pyogenic organism after 48 hrs. of incubation at 37°C. This is 2nd interim report. Final report will be issued after 5 days incubation or earlier if microbial growth is detected.

\* Antibiotic therapy prior to sample collection (even a single dose) may yield a negative result.

**Note:**

- All antibiotic sensitivity testings are performed by Kirby-Bauer disc diffusion method as per CLSI guidelines of M100-28th ed 2014.
- These are in-vitro tests. There may be an in-vitro-in-vivo paradox, the possibility of which can be kept as minimum as possible, if the clinicians strongly advise their patients to complete 7 days of the antibiotics as recommended.

\*\*\* End of Report \*\*\*

Dr. Neha  
Consultant Microbiologist  
MD Microbiology

Onquest Laboratories Ltd.



|               |                     |                |                   |
|---------------|---------------------|----------------|-------------------|
| Name          | MCARKEE             | Centre Details | Dr. Rakish Sharma |
| Age           | 14 Yrs              | Sex            | Male              |
| Ref. No.      |                     | Reg. ID        | 120021010443      |
| Regd. Date    | 29/06/2021          | Ref. By        | Dr. Rakish Sharma |
| Coll. Dt. Tm. | 29/06/2021 16:42:28 | Hospital No.   |                   |
| Recd. Dt. Tm. | 30/06/2021 07:37:01 |                |                   |

**Bacter Blood Culture & Sensitivity**

Nature of Sample

Blood

First Interim report

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- Antibiotic therapy prior to sample collection (even a single dose) may yield a negative result.

**Note :-**

- All antibiotic sensitivity testings are performed by Kirby Bauer disc diffusion method as per CLSI guidelines of M100 28th ed 2018.
- These are in vitro-tests. There may be an in-vitro/in vivo paradox, the possibility of which can be kept as minimum as possible, if the clinicians strongly advise their patients to complete dosage of the antibiotics as recommended.

End of Report

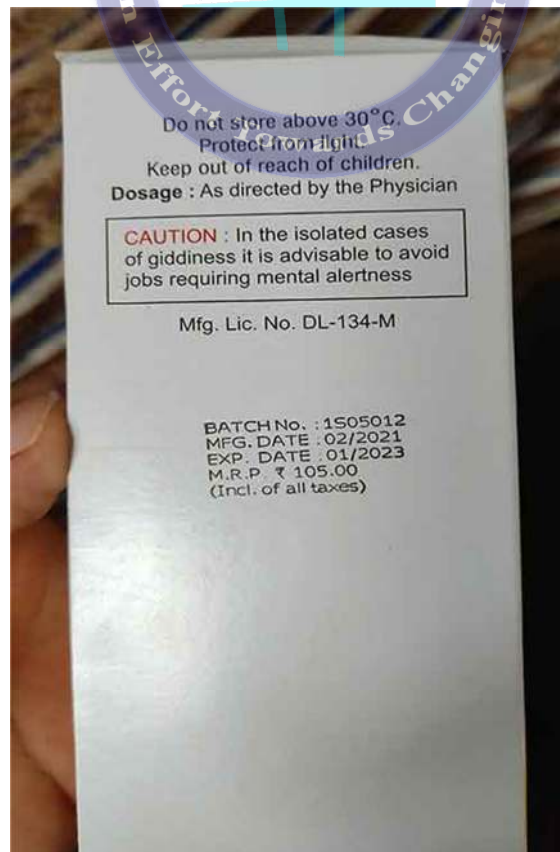
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Dr. Neha  
Consultant Microbiologist  
MD Microbiology

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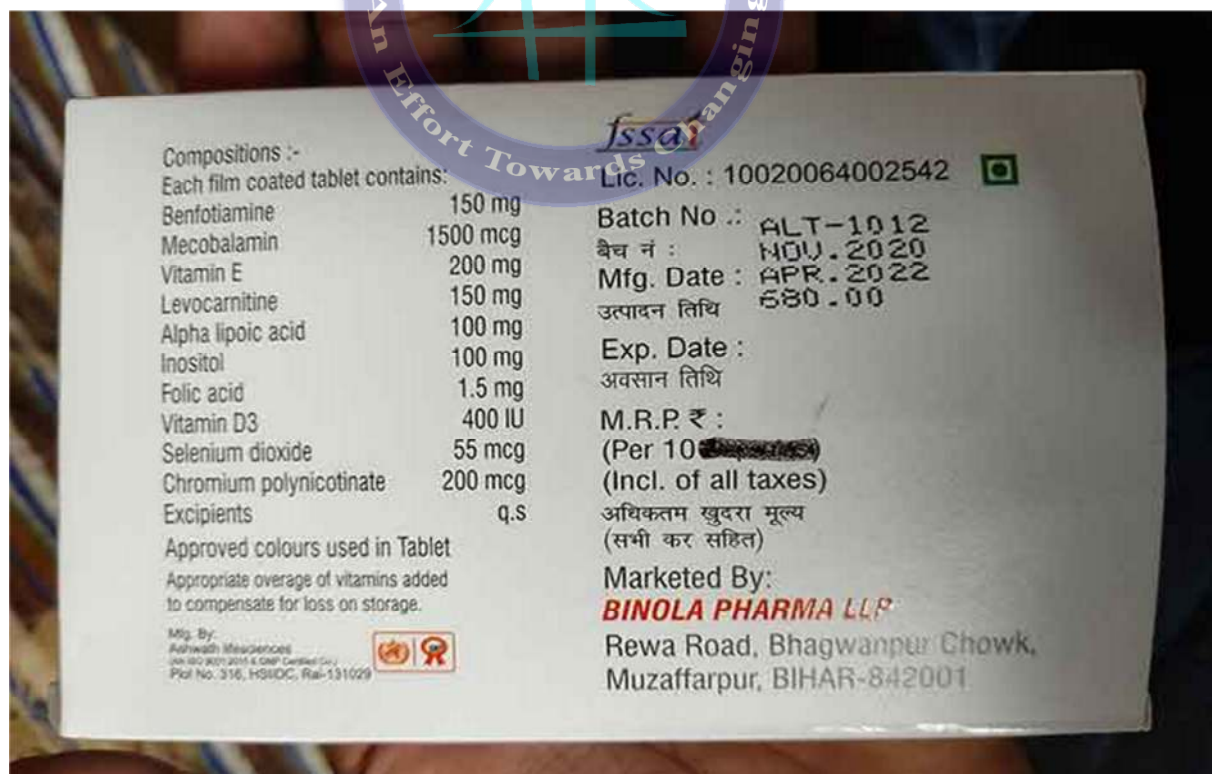
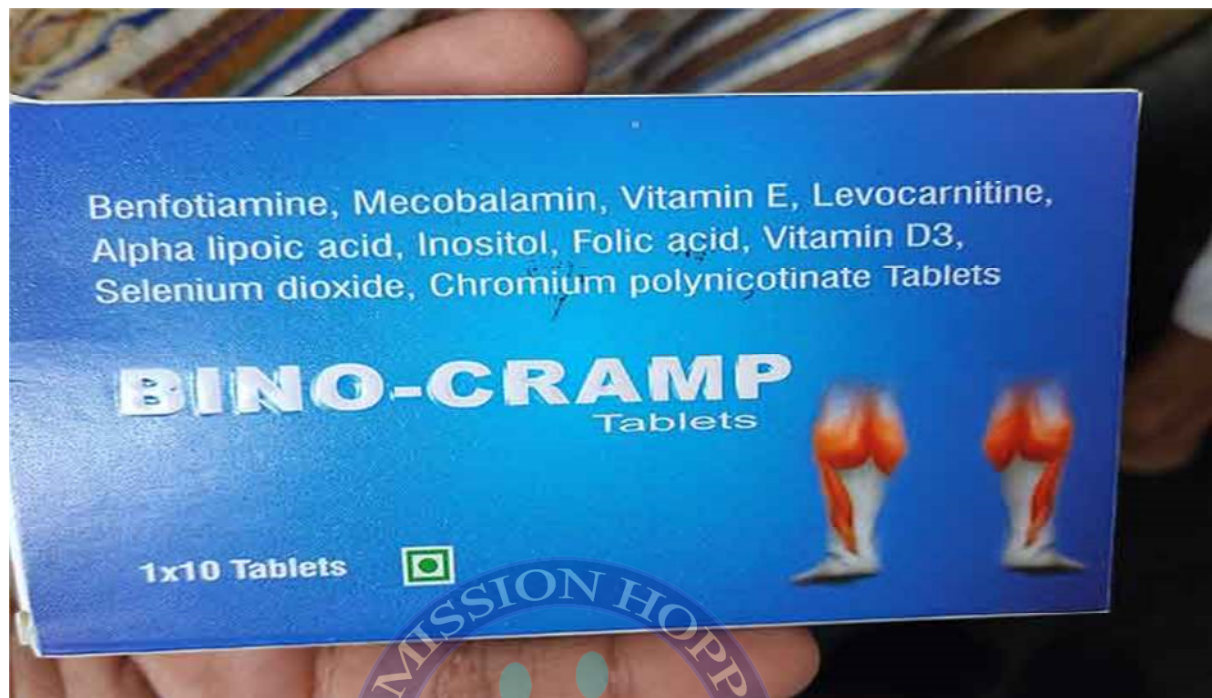




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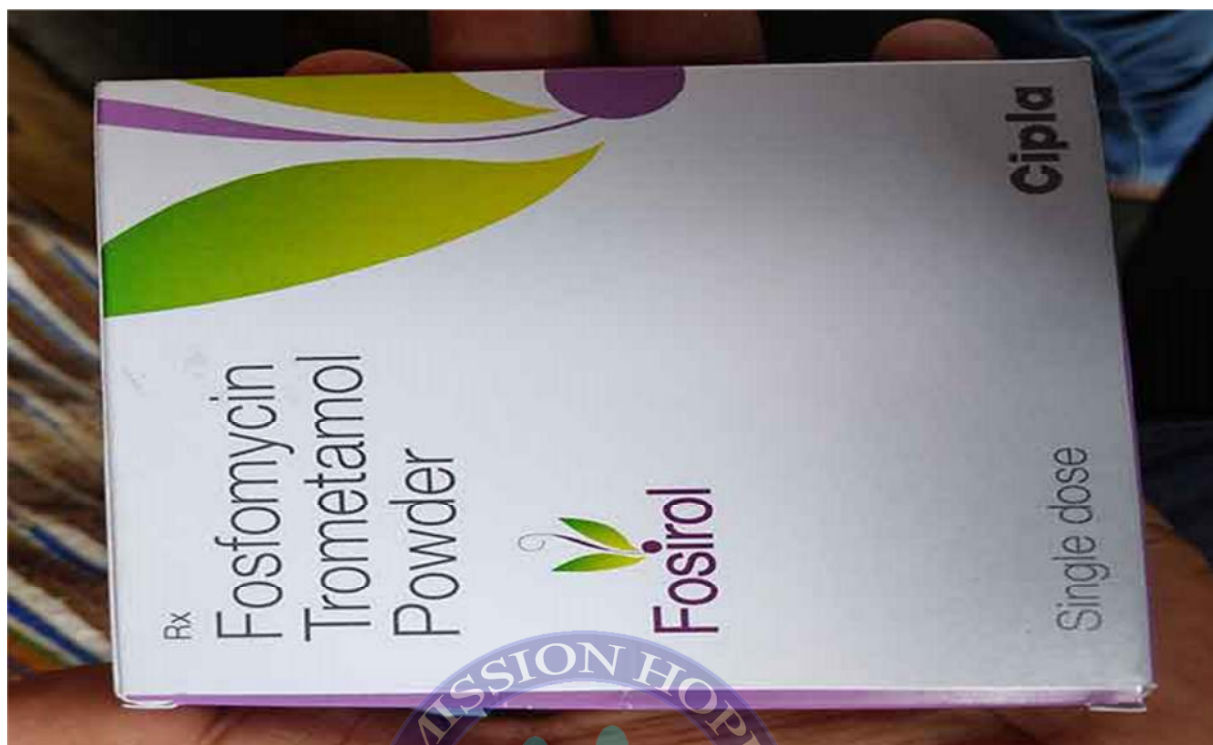


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