This is how your contribution helped us to transform a life. Your donation turned misery into hope.

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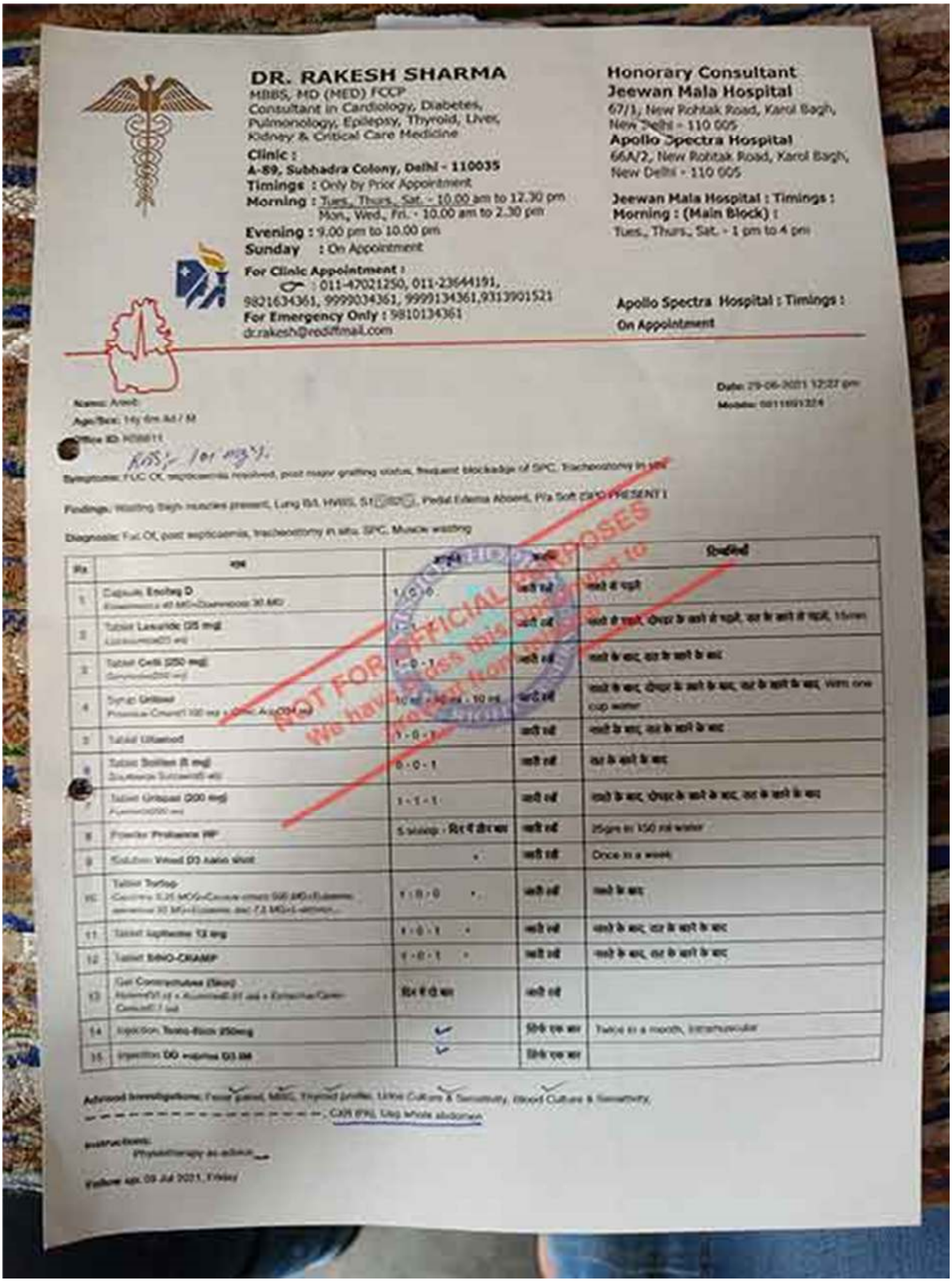

DR. RAKESH SHARMA
MBBS, MD (MED) FCCP
Consultant in Cardiology, Diabetes, Pulmonology, Epilepsy, Thyroid, Liver, Kidney & Critical Care Medicine

Clinic :
A-89, Subhadra Colony, Delhi - 110035
Timings : Only by Prior Appointment
Morning : Tues., Thurs., Sat. - 10.00 am to 12.30 pm
Mon., Wed., Fri. - 10.00 am to 2.30 pm
Evening : 9.00 pm to 10.00 pm
Sunday : On Appointment
For Clinic Appointment :
☎ : 011-47021250, 011-23644191, 9821634361, 9999034361, 9999134361,9313901521
For Emergency Only : 9810134361
dr.rakesh@rediffmail.com

Honorary Consultant
Jeewan Mala Hospital
67/1, New Rohtak Road, Karol Bagh, New Delhi - 110 005
Apollo Spectra Hospital
66A/2, New Rohtak Road, Karol Bagh, New Delhi - 110 005

Jeewan Mala Hospital : Timings :
Morning : (Main Block) :
Tues., Thurs., Sat. - 1 pm to 4 pm

Apollo Spectra Hospital : Timings :
On Appointment

Date: 29-06-2021 12:27 pm
Mobile: [illegible]

Name: Ankit
Age/Sex: 14y 6m 4d / M
Office ID: [illegible]

Rs 5/- 101 mg%

Symptoms: FUC OK, septicaemia resolved, post major grafting status, frequent blockage of SPC, Tracheostomy in situ

Findings: Wasting thigh muscles present, Lung B/L HVBS, S1 S2 (+), Pedal Edema Absent, P/a Soft (SPC PRESENT)

Diagnosis: Fuc OK, post septicaemia, tracheostomy in situ, SPC, Muscle wasting

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Rx	दवा	खुराक	अवधि	टिप्पणियाँ
1	Capsule Enchag D [illegible] 40 MG+Domperidone 30 MG	1-0-0	जारी रखें	खाली पेट [illegible]
2	Tablet Lasuride (25 mg) [illegible]	[illegible]	जारी रखें	[illegible], 15min
3	Tablet Cefti (250 mg) [illegible]	1-0-1	जारी रखें	सुबह खाने के बाद, रात के खाने के बाद
4	Syrup Grilinctus [illegible]	10 ml - 10 ml - 10 ml	जारी रखें	सुबह खाने के बाद, दोपहर के खाने के बाद, रात के खाने के बाद, With one cup water
5	Tablet Ultamod	1-0-1	जारी रखें	सुबह खाने के बाद, रात के खाने के बाद
6	Tablet Solifen (5 mg) [illegible]	0-0-1	जारी रखें	रात के खाने के बाद
7	Tablet Unispas (200 mg) [illegible]	1-1-1	जारी रखें	सुबह खाने के बाद, दोपहर के खाने के बाद, रात के खाने के बाद
8	Powder Protinex HP	5 scoop - दिन में तीन बार	जारी रखें	25gm in 150 ml water
9	Solution Vitmd D3 nano shot		जारी रखें	Once in a week
10	Tablet Trofup [illegible]	1-0-0	जारी रखें	सुबह के बाद
11	Tablet [illegible] 12 mg	1-0-1	जारी रखें	सुबह खाने के बाद, रात के खाने के बाद
12	Tablet BINO-CRAMP	1-0-1	जारी रखें	सुबह खाने के बाद, रात के खाने के बाद
13	Gel Contractubex (5mg) [illegible]	दिन में दो बार	जारी रखें	
14	Injection Testo-[illegible] 250mg	✓	सिर्फ एक बार	Twice in a month, Intramuscular
15	Injection DD [illegible] D3 IM	✓	सिर्फ एक बार	

Advised Investigations: Fever panel, MRSC, Thyroid profile, Urine Culture & Sensitivity, Blood Culture & Sensitivity, CXR (PA), Usg whole abdomen

Instructions:
Physiotherapy as advice

Follow up: 09 Jul 2021, Friday

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Jeewan Mala Hospital : Timings :
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Tues., Thurs., Sat. - 1 pm to 4 pm

Apollo Spectra Hospital : Timings :
On Appointment

Date: 10-07-2021 04:56 pm

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Rx	नाम	मात्रा	अवधि	टिप्पणियाँ
1	Capsule Esofag D	1-0-0	[illegible]	खाने से पहले
2	Tablet Lasuride (25 mg)	[illegible]	[illegible]	[illegible]
3	Tablet Clavox (500 & 125)	1-0-1	[illegible]	खाने के बाद, रात के खाने के बाद
4	Tablet Cipiox500 mg	1-0-1	[illegible]	खाने के बाद, रात के खाने के बाद
5	Capsule BIFILAC HP	1-0-1	[illegible]	खाने के बाद, रात के खाने के बाद
6	Syrup Urikool	10 ml - 10 ml - 10 ml	[illegible]	[illegible] with one cup water
7	Tablet Ultamed	1-0-1	[illegible]	खाने के बाद, रात के खाने के बाद
8	Tablet Solifen (5 mg)	0-0-1	[illegible]	रात के खाने के बाद
9	Tablet Urispas (200 mg)	1-1-1	[illegible]	[illegible]
10	Powder Protinex HP	[illegible]	[illegible]	[illegible] in 150 ml water
11	Solution Vmod DS mana wash		[illegible]	Once in a week
12	Tablet Tortop	1-0-0	[illegible]	खाने के बाद
13	Syrup CYPON -L	1 ml -	[illegible]	
14	Tablet Iuphenin 12 mg	1-0-1	[illegible]	खाने के बाद, रात के खाने के बाद
15	Tablet BINO-CRAMP	1-0-1	[illegible]	खाने के बाद, रात के खाने के बाद
16	Sachet Fosinil			1 sachet with 1 cup water one day only

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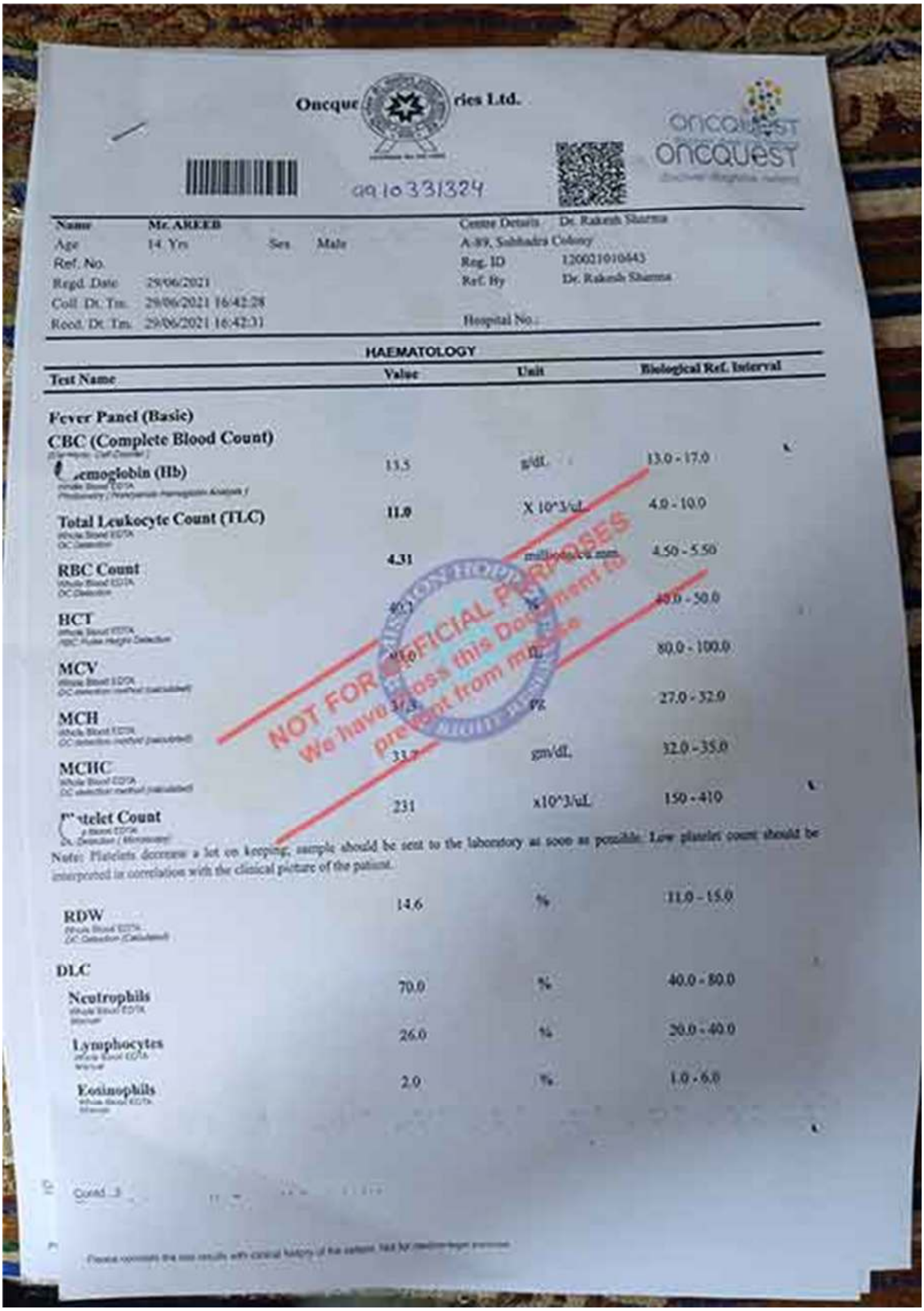

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99 10 331324

Name	Mr. AREEB	Centre Details	Dr. Rakesh Sharma
Age	14 Yrs Sex Male		A-89, 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		
Rccd. Dt. Tm.	29/06/2021 16:42:31	Hospital No.:	

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref. Interval
Fever Panel (Basic)			
CBC (Complete Blood Count)			
Haemoglobin (Hb)	13.5	g/dL	13.0 - 17.0
Total Leukocyte Count (TLC)	**11.0**	X 10^3/uL	4.0 - 10.0
RBC Count	**4.31**	million/cu.mm	4.50 - 5.50
HCT	40.1	%	40.0 - 50.0
MCV	93.0	fL	80.0 - 100.0
MCH	31.3	pg	27.0 - 32.0
MCHC	33.7	gm/dL	32.0 - 35.0
Platelet Count	231	x10^3/uL	150 - 410

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.

Test Name	Value	Unit	Biological Ref. Interval
RDW	14.6	%	11.0 - 15.0
DLC			
Neutrophils	70.0	%	40.0 - 80.0
Lymphocytes	26.0	%	20.0 - 40.0
Eosinophils	2.0	%	1.0 - 6.0

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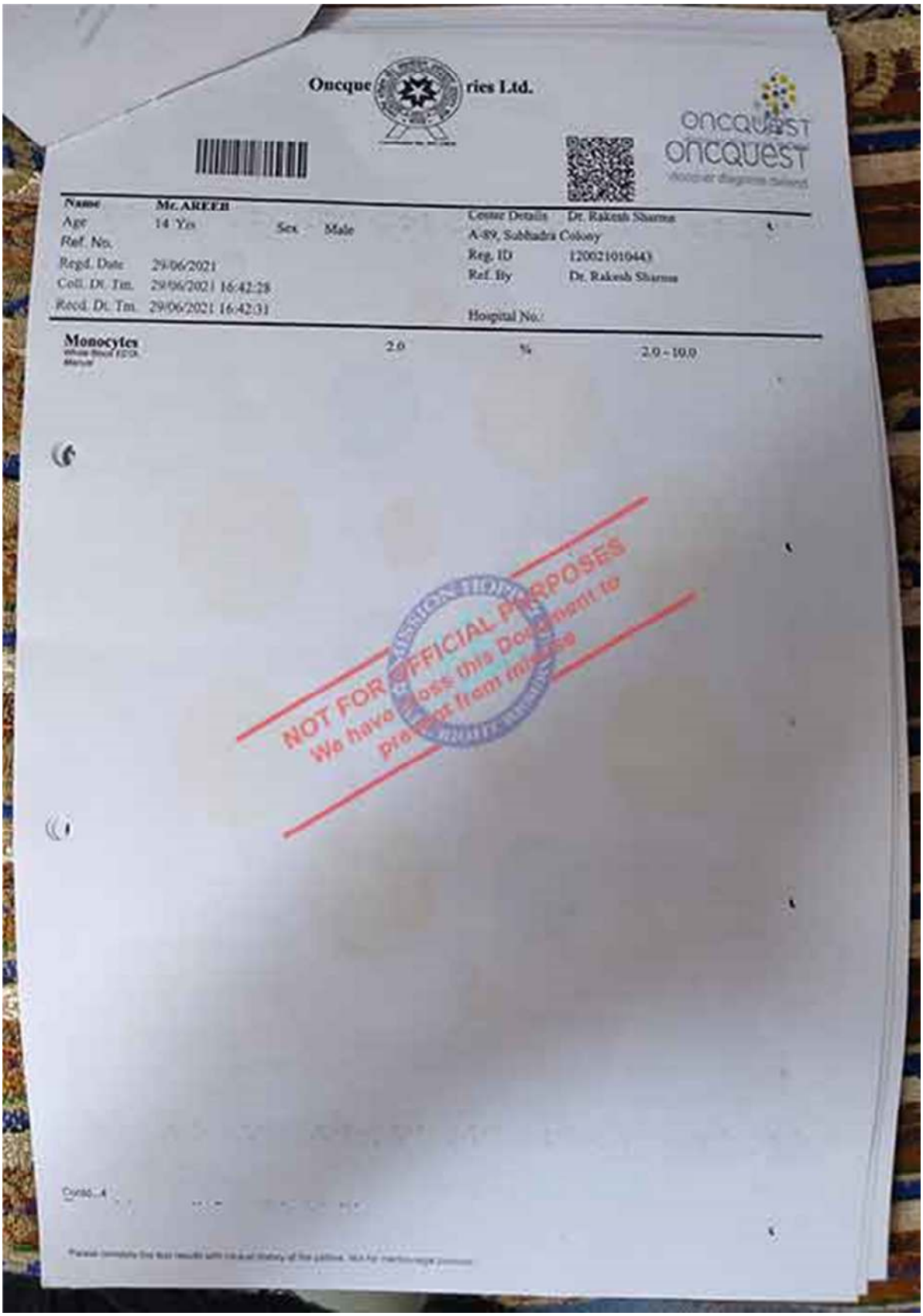

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Name	Mr.AREEB			Centre Details	Dr. Rakesh Sharma
Age	14 Yrs	Sex	Male		A-89, Subhadra Colony
Ref. No.				Reg. ID	120021010443
Regd. Date	29/06/2021			Ref. By	Dr. Rakesh Sharma
Coll. Dt. Tm.	29/06/2021 16:42:28				
Recd. Dt. Tm.	29/06/2021 16:42:31	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

Monocytes	2.0	%	2.0 - 10.0

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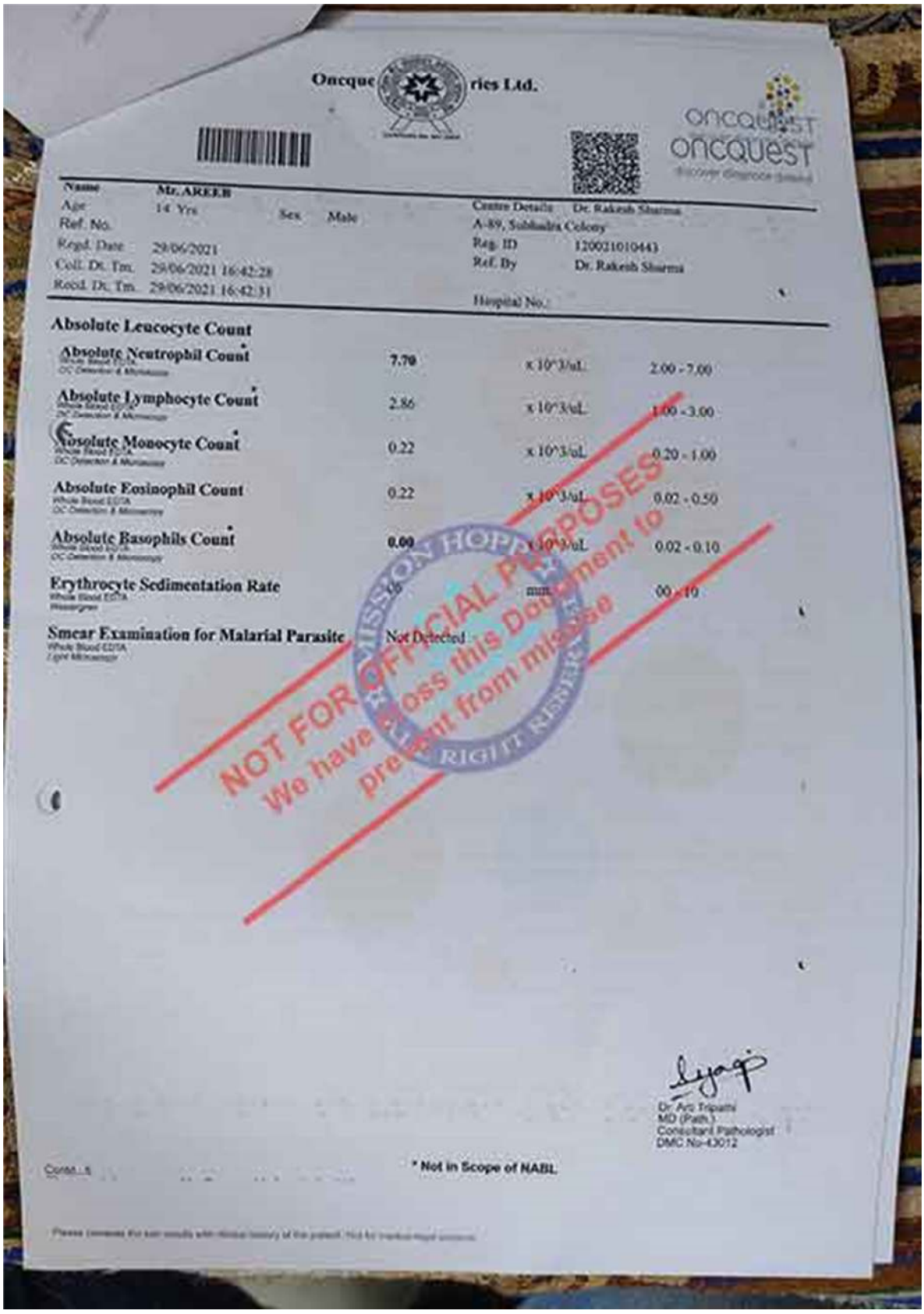

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Ref. No.			
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Coll. Dt. Tm.	29/06/2021 16:42:28		
Recd. Dt. Tm.	29/06/2021 16:42:31		

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	7.70	x 10^3/uL	2.00 - 7.00
Absolute Lymphocyte Count	2.86	x 10^3/uL	1.00 - 3.00
Absolute Monocyte Count	0.22	x 10^3/uL	0.20 - 1.00
Absolute Eosinophil Count	0.22	x 10^3/uL	0.02 - 0.50
Absolute Basophils Count	0.00	x 10^3/uL	0.02 - 0.10
Erythrocyte Sedimentation Rate	06	mm	00 - 10
Smear Examination for Malarial Parasite	Not Detected		

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

* Not in Scope of NABL

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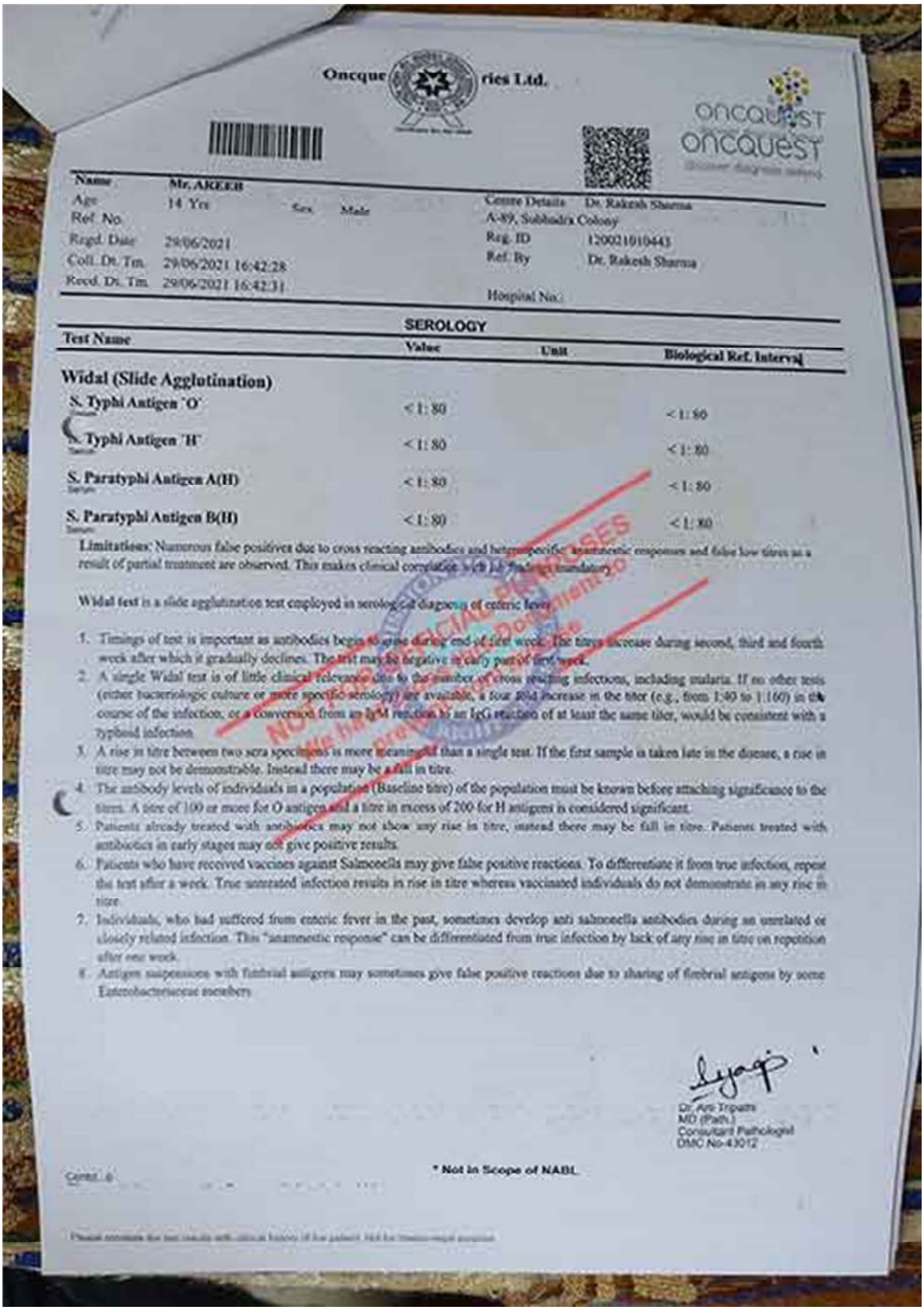

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Name	Mr. AKEEB		
Age	14 Yrs	Sex Male	Centre Details Dr. Rakesh Sharma
Ref. No.			A-89, Subhash Colony
Regd. Date	29/06/2021		Reg. ID 1200210104 43
Coll. Dt. Tm.	29/06/2021 16:42:28		Ref. By Dr. Rakesh Sharma
Recd. Dt. Tm.	29/06/2021 16:42:31		Hospital No.

SEROLOGY

Test Name	Value	Unit	Biological Ref. Interval
Widal (Slide Agglutination)			
S. Typhi Antigen 'O'	< 1: 80		< 1: 80
S. Typhi Antigen 'H'	< 1: 80		< 1: 80
S. Paratyphi Antigen A(H)	< 1: 80		< 1: 80
S. Paratyphi Antigen B(H)	< 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 serological diagnosis of enteric fever.

1. Timings of test is important as antibodies begin to arise 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 bacteriologic culture or more specific serology) are available, a four fold increase in the titer (e.g., from 1:40 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 titres. 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. Ani Tripathi
MD (Path.)
Consultant Pathologist
DMC No-43012

* Not in Scope of NABL

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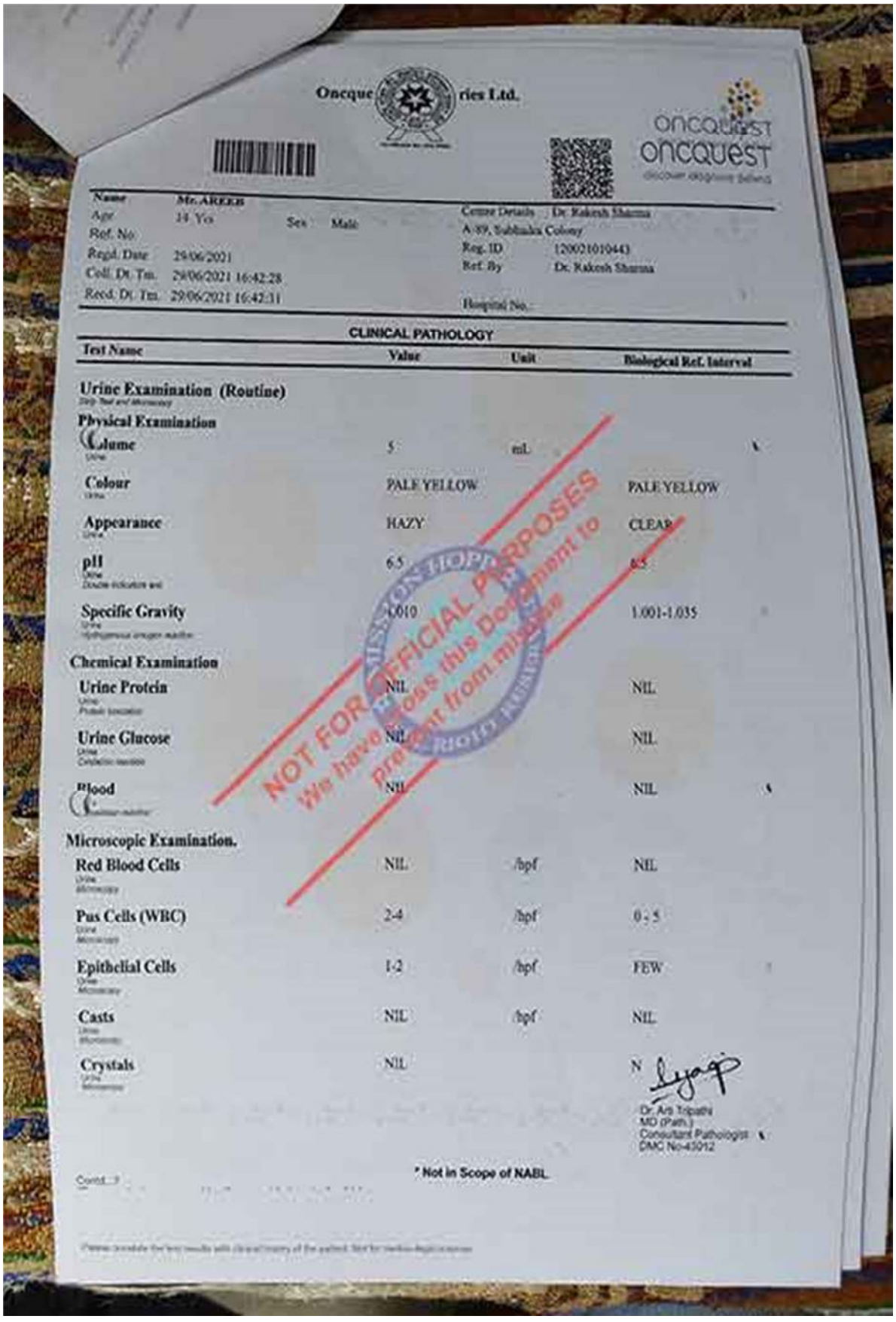

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Name	Mr.AREEB	Centre Details	Dr. Rakesh Sharma
Age	14 Yrs Sex : Male	A-89, Subhiksha Colony	
Ref. No		Reg. ID	12002101044)
Regd. Date	29/06/2021	Ref. By	Dr. Rakesh Sharma
Coll. Dt. Tm.	29/06/2021 16:42:28		
Recd. Dt. Tm.	29/06/2021 16:42:31	Hospital No.	

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref. Interval
Urine Examination (Routine)			
Physical Examination			
Volume	5	mL	
Colour	PALE YELLOW		PALE YELLOW
Appearance	HAZY		CLEAR
pH	6.5		6.5
Specific Gravity	1.010		1.001-1.035
Chemical Examination			
Urine Protein	NIL		NIL
Urine Glucose	NIL		NIL
Blood	NIL		NIL
Microscopic Examination.			
Red Blood Cells	NIL	/hpf	NIL
Pus Cells (WBC)	2-4	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	FEW
Casts	NIL	/hpf	NIL
Crystals	NIL		N

Dr. Arti Tripathi
MD (Path.)
Consultant Pathologist
DMC No-45012

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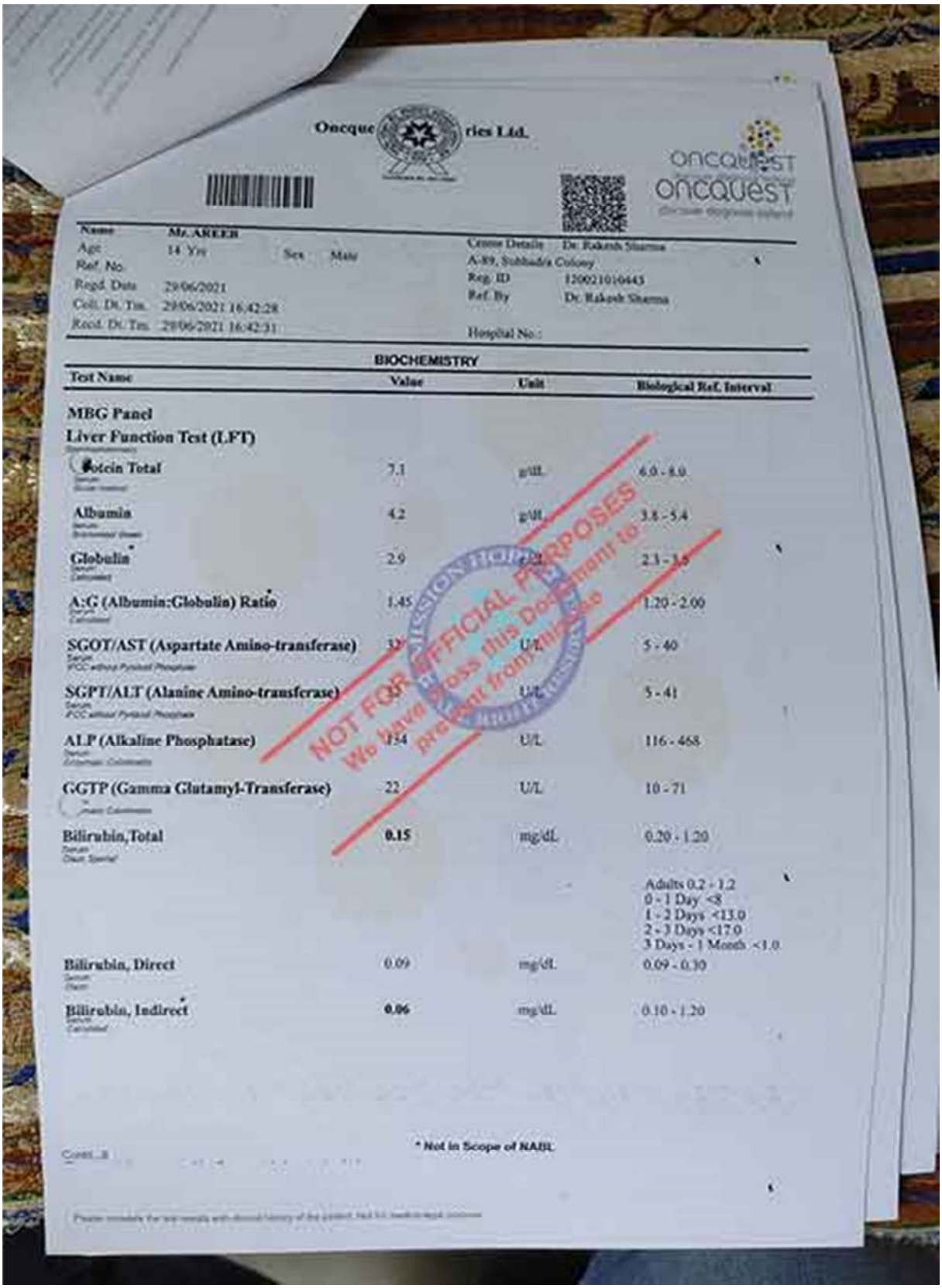

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Name	Mr. AREEB	Centre Details	Dr. Rakesh Sharma
Age	14 Yrs	Sex Male	A-89, Subhadra Colony
Ref. No.		Reg. ID	120021010443
Regd. Date	29/06/2021	Ref. By	Dr. Rakesh Sharma
Coll. Dt. Tm.	29/06/2021 16:42:28		
Recd. Dt. Tm.	29/06/2021 16:42:31	Hospital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

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref. Interval
MBG Panel			
Liver Function Test (LFT)			
Protein Total	7.1	g/dL	6.0 - 8.0
Albumin	4.2	g/dL	3.8 - 5.4
Globulin *	2.9	g/dL	2.3 - 3.5
A:G (Albumin:Globulin) Ratio *	1.45		1.20 - 2.00
SGOT/AST (Aspartate Amino-transferase)	32	U/L	5 - 40
SGPT/ALT (Alanine Amino-transferase)	33	U/L	5 - 41
ALP (Alkaline Phosphatase)	154	U/L	116 - 468
GGTP (Gamma Glutamyl-Transferase)	22	U/L	10 - 71
Bilirubin,Total	**0.15**	mg/dL	0.20 - 1.20 Adults 0.2 - 1.2 0 - 1 Day <8 1 - 2 Days <13.0 2 - 3 Days <17.0 3 Days - 1 Month <1.0
Bilirubin, Direct	0.09	mg/dL	0.09 - 0.30
Bilirubin, Indirect *	**0.06**	mg/dL	0.10 - 1.20

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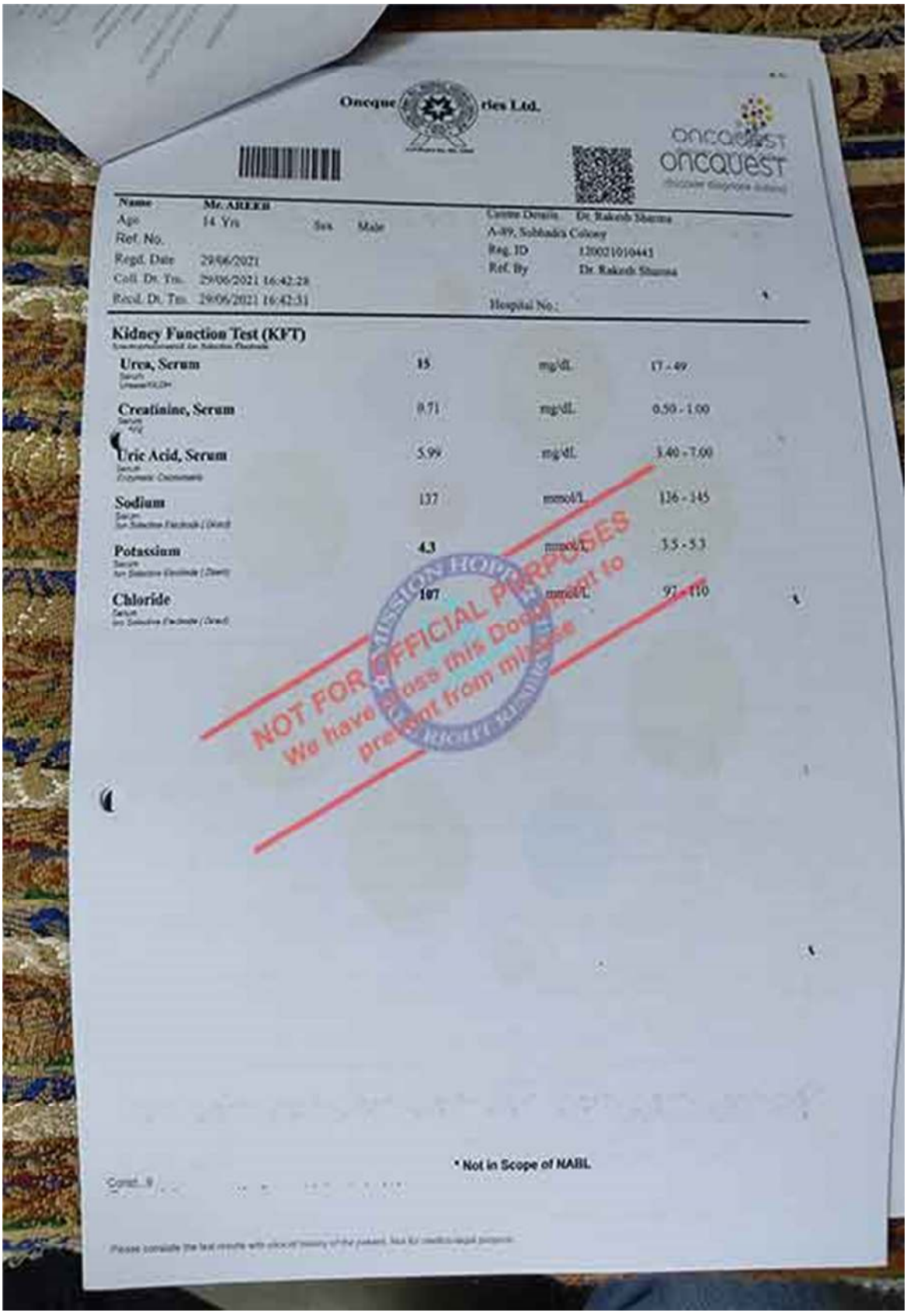

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Name	Mr. AREEB		
Age	14 Yrs	Sex Male	Centre Details Dr. Rakesh Sharma
Ref. No.			A-89, Subhadra Colony
Regd. Date	29/06/2021		Reg. ID 120021010443
Coll. Dt. Tm.	29/06/2021 16:42:28		Ref. By Dr. Rakesh Sharma
Recd. Dt. Tm.	29/06/2021 16:42:51		Hospital No.:

Kidney Function Test (KFT)

Urea, Serum	15	mg\dL	17 - 49
Creatinine, Serum	0.71	mg\dL	0.50 - 1.00
Uric Acid, Serum	5.99	mg\dL	3.40 - 7.00
Sodium	137	mmol/L	136 - 145
Potassium	4.3	mmol/L	3.5 - 5.3
Chloride	107	mmol/L	97 - 110

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Please consider the test results with clinical history of the patient, Not for medico-legal purpose

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Name	Mr.AREEB		
Age	14 Yrs	Sex Male	Centre Details Dr. Rakesh Sharma, A-89, Sobhadra 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		
Recd. Dt. Tm.	29/06/2021 16:42:31		Hospital No.

Lipid Profile (Basic)

Total Cholesterol	143	mg/dL	Desirable Cholesterol Level : < 200 Borderline high Cholesterol : 200 - 240 High Cholesterol : >=240
Triglycerides	143	mg/dL	Normal : <150 Borderline : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol	51	mg/dL	Male : 35 - 55 Female : 45 - 65
LDL Cholesterol *	63	mg/dL	Optimal (Ideal): <100 Near Optimal / above Optimal: 100 - 129 Borderline High: 130 -159 High: 160 - 189 Very High: >= 190

In High Risk Patients including patient with Diabetes (ATP/NCEP III update 2013, the desirable LDL goal is < 100mg/dL

VLDL Cholesterol *	29	mg/dL	0 - 40
Total / HDL Cholesterol Ratio *	2.8		
Non HDL Cholesterol	92.0	mg/dL	Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220

Note:

1- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1week apart are recomended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2-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.

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

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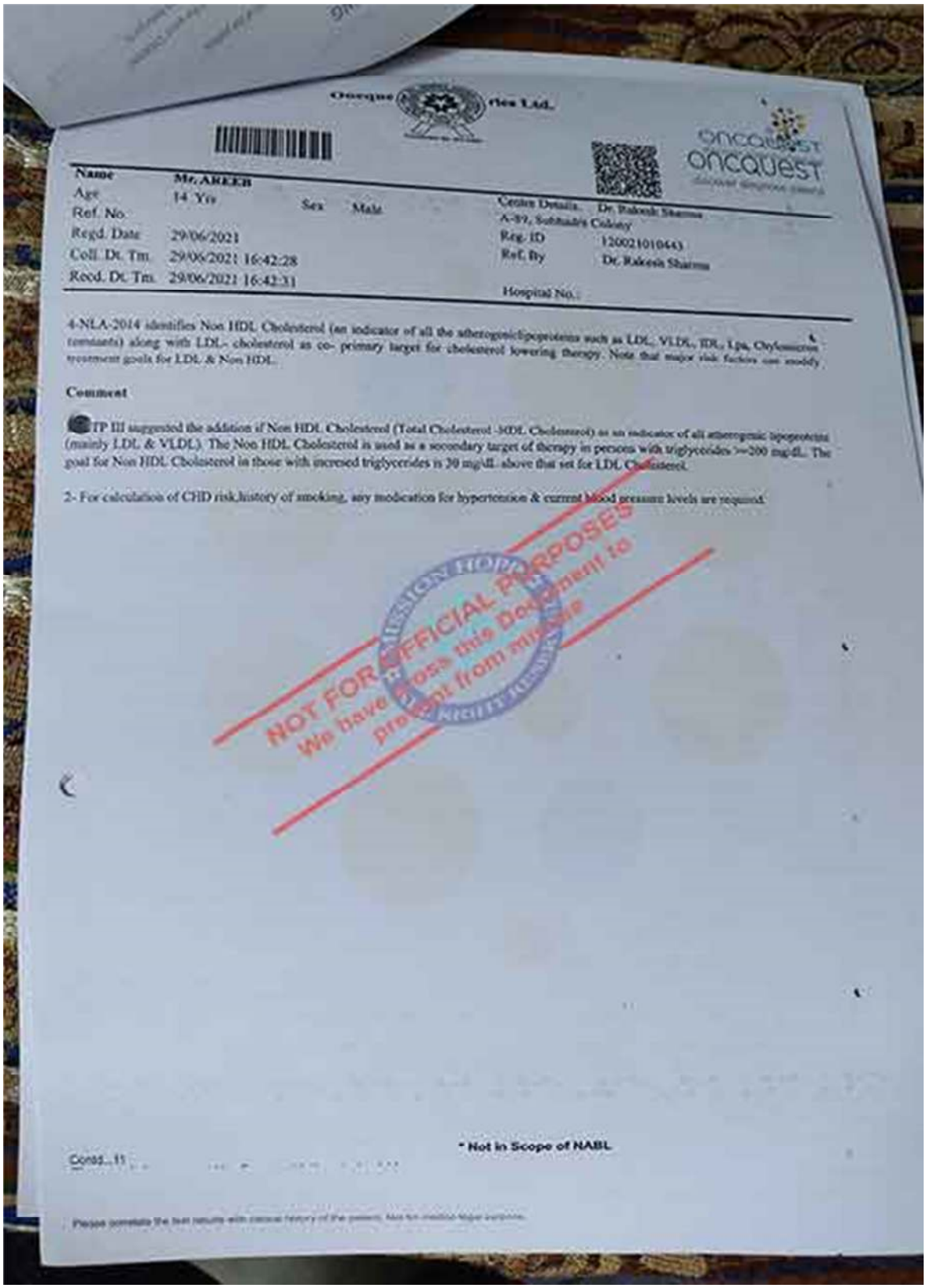

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Age	14 Yrs	Sex Male	Centre Details Dr. Rakesh Sharma A-89, Subhash Colony
Ref. No.			Reg. ID 120021010443
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4-NLA-2014 identifies Non HDL Cholesterol (an indicator of all the atherogenic lipoproteins 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

ATP III suggested the addition if 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 >=200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglycerides is 30 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.

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

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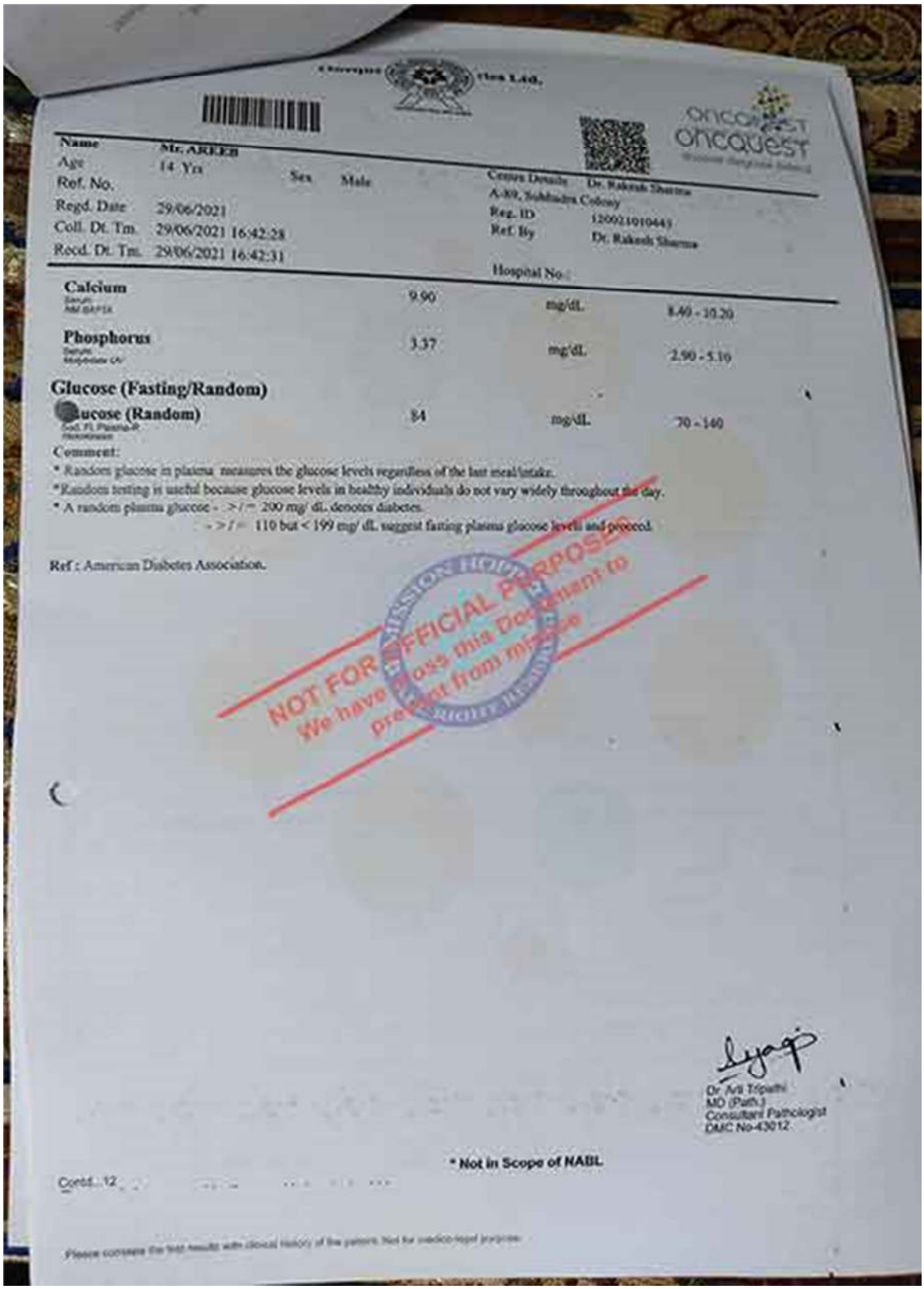

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Age	14 Yrs	Sex	Male		A-89, Subhadra Colony
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Coll. Dt. Tm.	29/06/2021 16:42:28				
Recd. Dt. Tm.	29/06/2021 16:42:31			Hospital No.	

Calcium	9.90	mg/dL	8.49 - 10.20
Phosphorus	3.37	mg/dL	2.90 - 5.16
Glucose (Fasting/Random)			
Glucose (Random)	84	mg/dL	70 - 140

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 - >/= 200 mg/ dL denotes diabetes.
- >/= 110 but < 199 mg/ dL suggest fasting plasma glucose levels and proceed.

Ref : American Diabetes Association.

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

* Not in Scope of NABL

Contd...12

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

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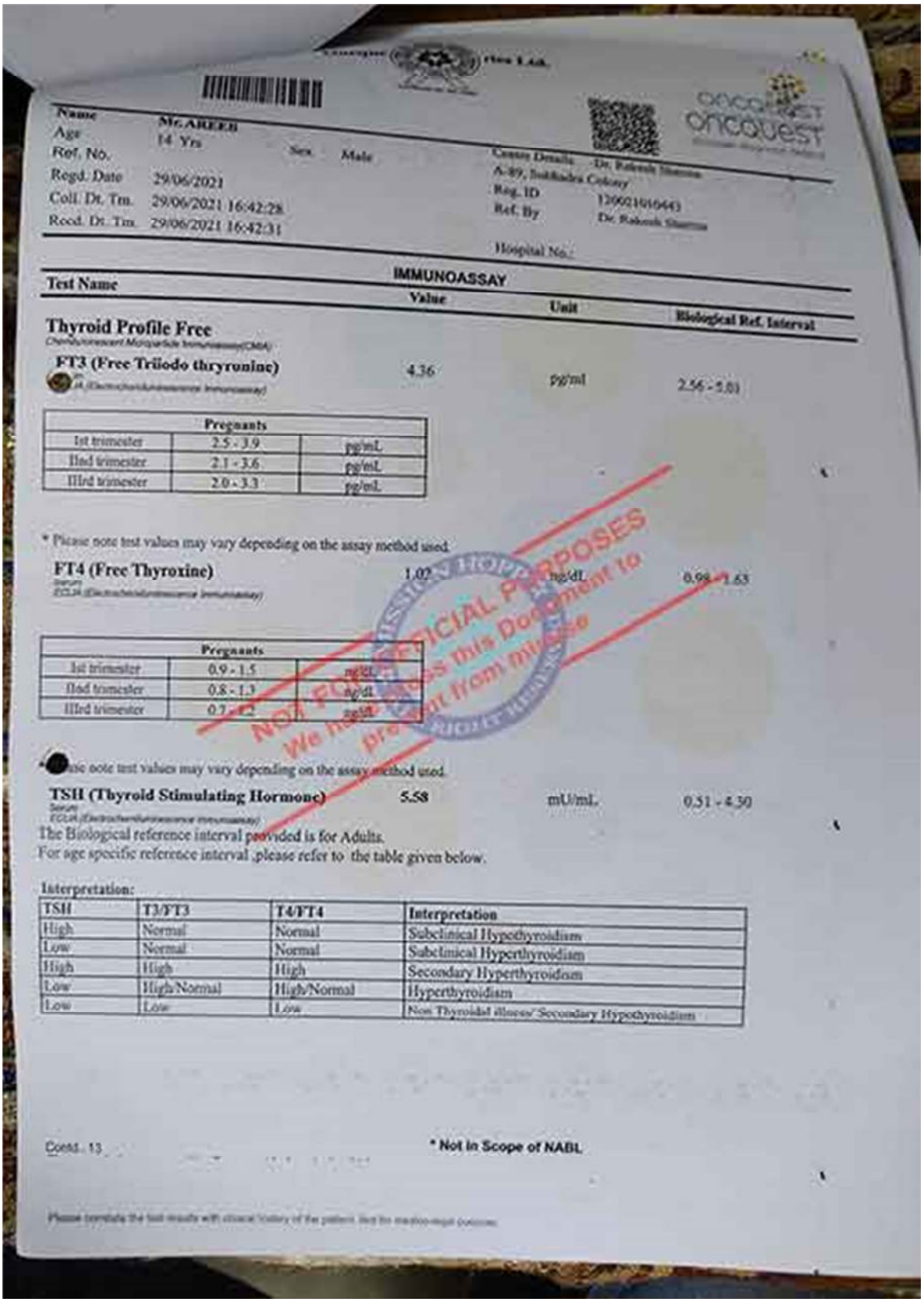

Name	MR.AREEB		
Age	14 Yrs	Sex	Male
Ref. No.			
Regd. Date	29/06/2021		
Coll. Dt. Tm.	29/06/2021 16:42:28		
Recd. Dt. Tm.	29/06/2021 16:42:31		

Centre Details: Dr. Rakesh Sharma
A-89, Subhadra Colony
Reg. ID 120921010443
Ref. By Dr. Rakesh Sharma
Hospital No.:

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref. Interval
Thyroid Profile Free			
Chemiluminescent Microparticle Immunoassay(CMIA)			
FT3 (Free Triiodo thyronine)	4.36	pg/ml	2.56 - 5.01
CLIA (Electrochemiluminescence Immunoassay)			

Pregnants		
Ist trimester	2.5 - 3.9	pg/mL
IInd trimester	2.1 - 3.6	pg/mL
IIIrd trimester	2.0 - 3.3	pg/mL

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

FT4 (Free Thyroxine)	1.02	ng/dl	0.99 - 1.63
Serum ECLIA (Electrochemiluminescence Immunoassay)			

Pregnants		
Ist trimester	0.9 - 1.5	ng/dL
IInd trimester	0.8 - 1.3	ng/dL
IIIrd trimester	0.7 - 1.2	ng/dL

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

TSH (Thyroid Stimulating Hormone)	5.58	mU/mL	0.51 - 4.30
Serum ECLIA (Electrochemiluminescence Immunoassay)			

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

* Not in Scope of NABL

Please correlate the test results with clinical history of the patient and for medico-legal purposes

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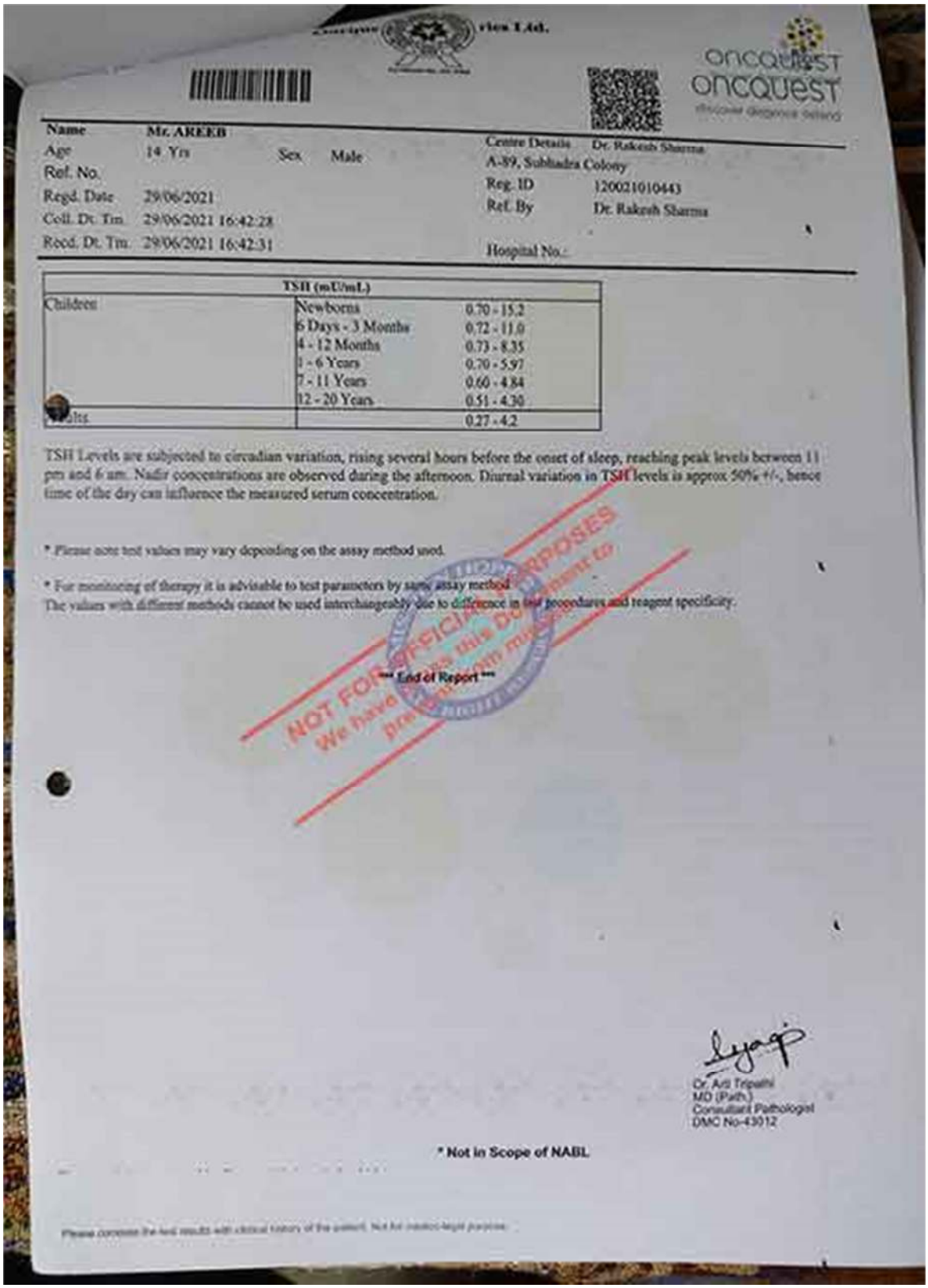

Name	Mr. AREEB		
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Ref. No.			
Regd. Date	29/06/2021		
Coll. Dt. Tm.	29/06/2021 16:42:28		
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Centre Details	Dr. Rakesh Sharma	
	A-89, Subhadra Colony	
Reg. ID	120021010443	
Ref. By	Dr. Rakesh Sharma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

NOT FOR MEDICO-LEGAL PURPOSES

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

* Not in Scope of NABL

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

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Name	**Mr.AREEB**			Centre Details	Dr. Rakesh Sharma
Age	14 Yrs	Sex	Male	A-89, Subhash's 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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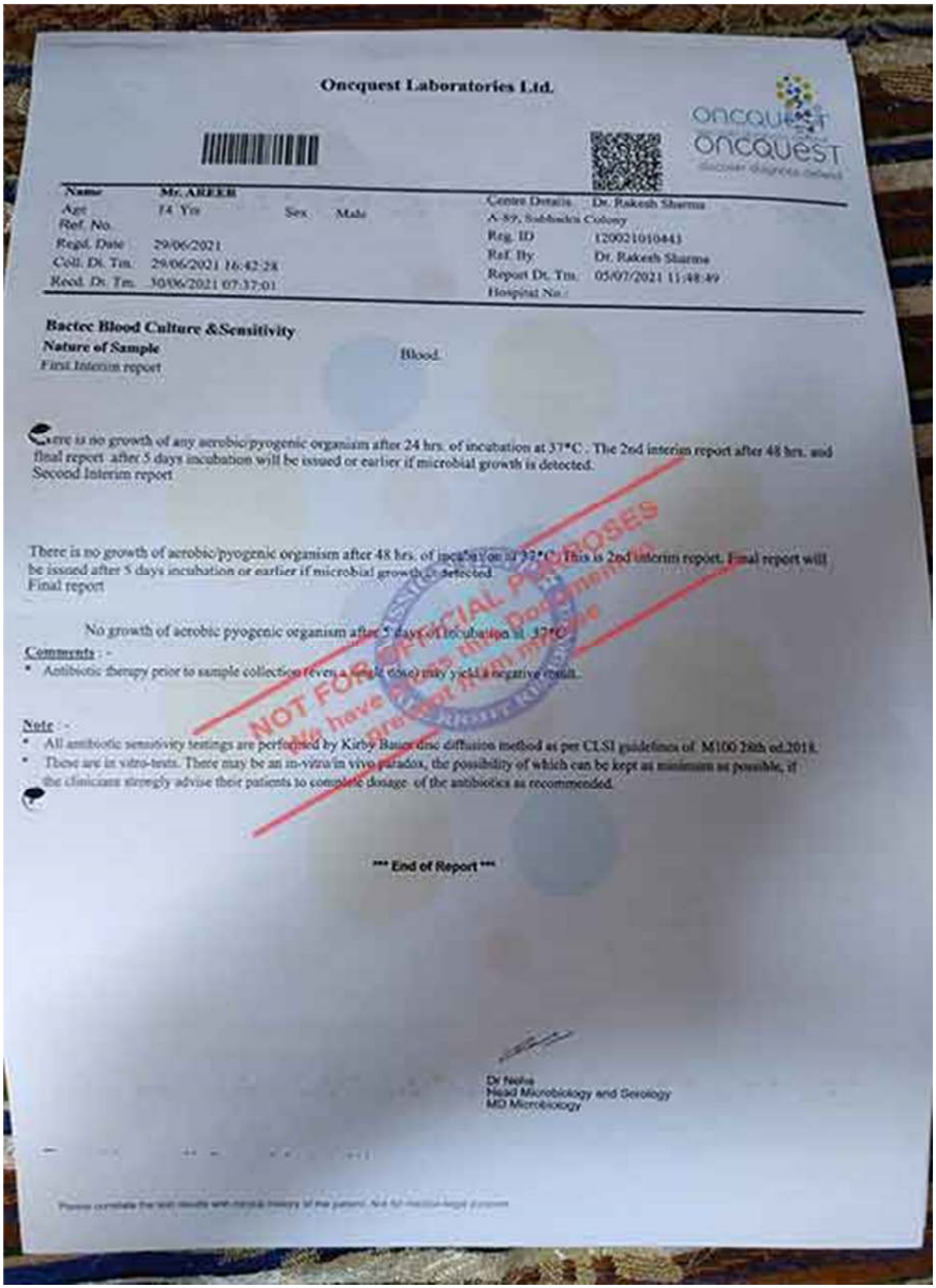

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Name	**Mr. AREEB**		
Age	14 Yrs	Sex Male	
Ref. No.			
Regd. Date	29/06/2021		
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Centre Details	Dr. Rakesh Sharma		
	A-89, Subhadra Colony		
Reg. ID	120021010443		
Ref. By	Dr. Rakesh Sharma		
Report Dt. Tm.	05/07/2021 11:48:49		
Hospital No.			

Bactec Blood Culture &Sensitivity

Nature of Sample Blood

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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 : -

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*** 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	Sex	Male	A-89, Subhakta Colony	
Ref. No				Reg. ID	120921010443
Regd. Date	29/06/2021			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.	

Urine Culture & Sensitivity

Conventional Aerobic Culture & Sensitivity

Nature of Sample	Urine
Type of Report	Final
Organism Isolated	Pseudomonas aeruginosa
Colony Count	>10^5 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	Senstive

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Comments : -

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

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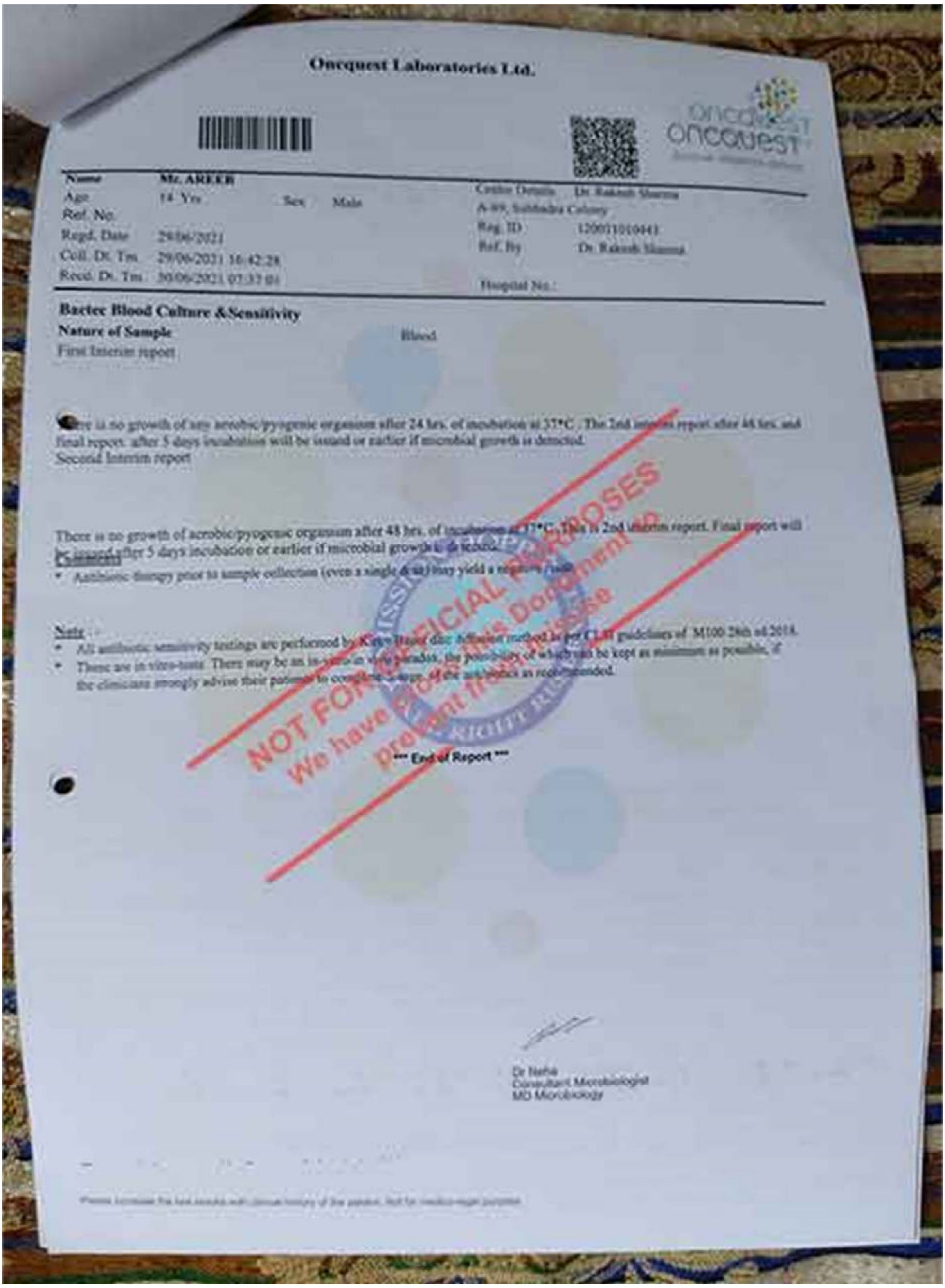
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Name	Mr. AREEB	Centre Details	Dr. Rakesh Sharma
Age	14 Yrs Sex Male		A-99, Subhadra Colony
Ref. No.		Reg. ID	120071010441
Regd. Date	29/06/2021	Ref. By	Dr. Rakesh Sharma
Coll. Dt. Tm.	29/06/2021 16:42:28		
Recd. Dt. Tm.	30/06/2021 07:37:01	Hospital No.:	

Bactec Blood Culture &Sensitivity

Nature of Sample Blood

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Second Interim report

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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 course of the antibiotics as recommended.

*** End of Report ***

Dr Neha
Consultant Microbiologist
MD Microbiology

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Oncquest Laboratories Ltd.

Name	Mr. AREEB			Centre Details	Dr. Rakesh Sharma
Age	14 Yrs	Sex	Male	A-89, Subhadra Colony	
Ref. No.				Reg. ID	12002101044 3
Regd. Date	29/06/2021			Ref. By	Dr. Rakesh Sharma
Coll. Dt. Tm.	29/06/2021 16:42:29				
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*** End of Report ***

Dr Neha
Consultant Microbiologist
MD Microbiology

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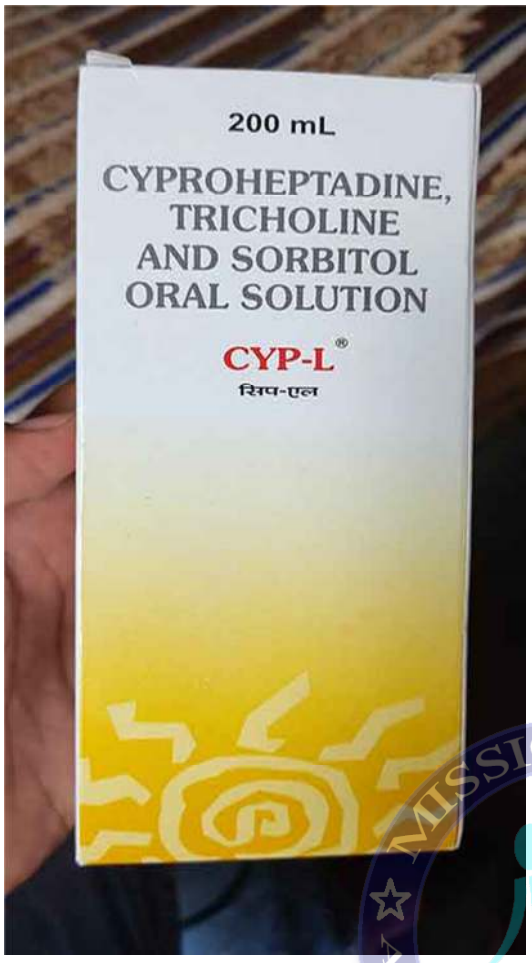

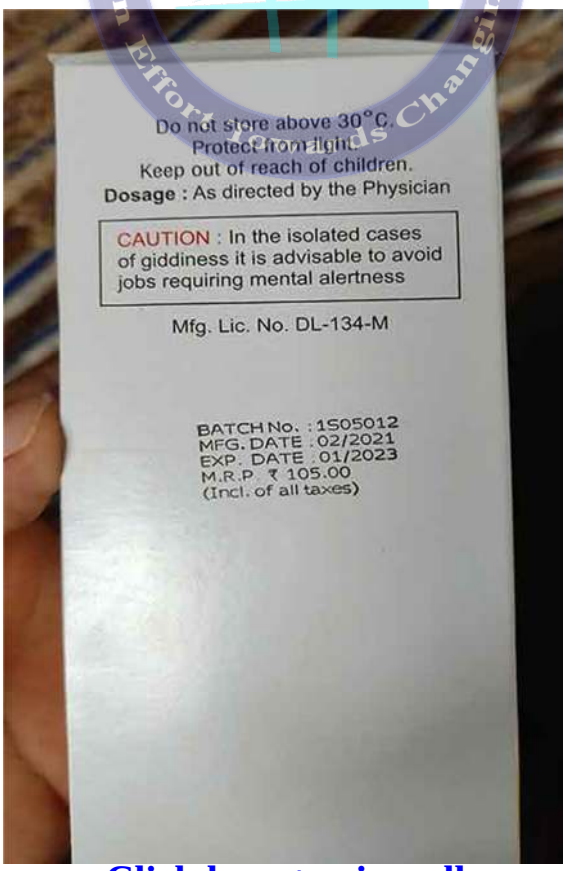

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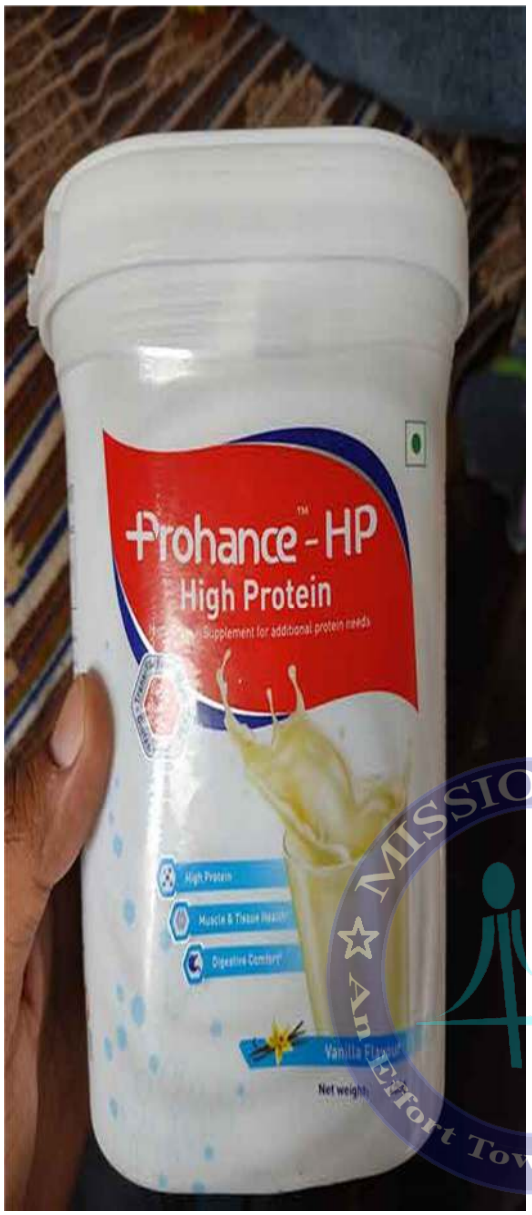

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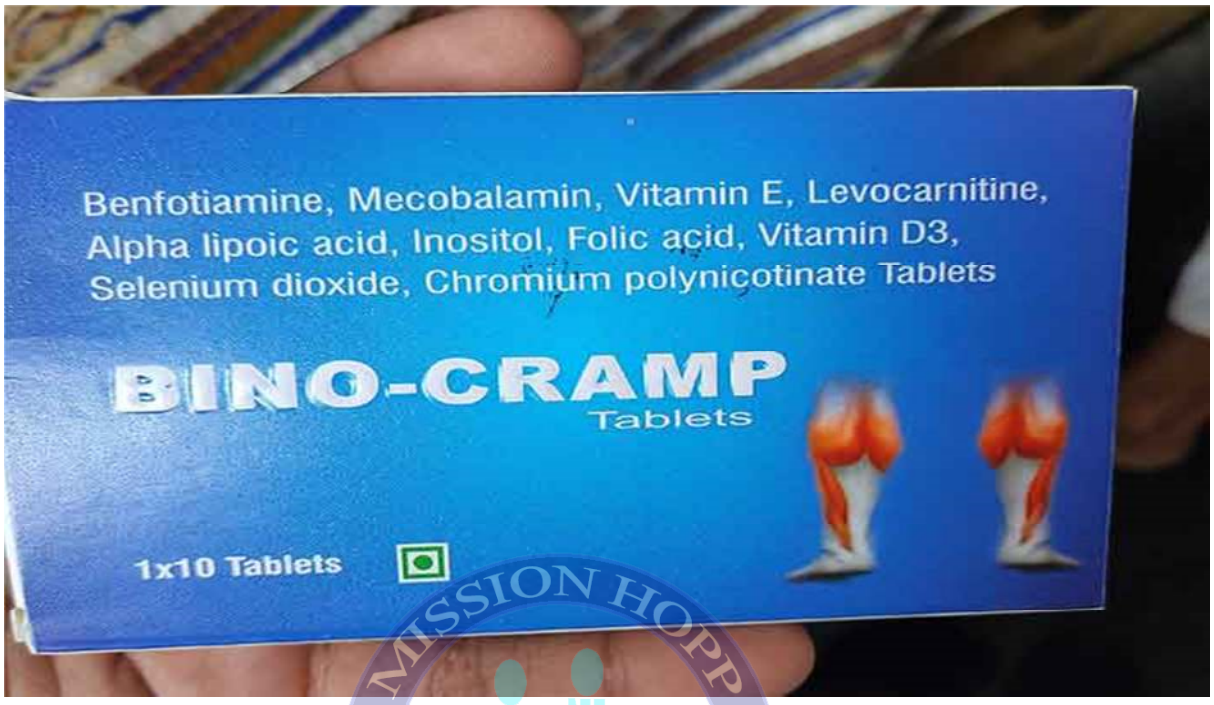

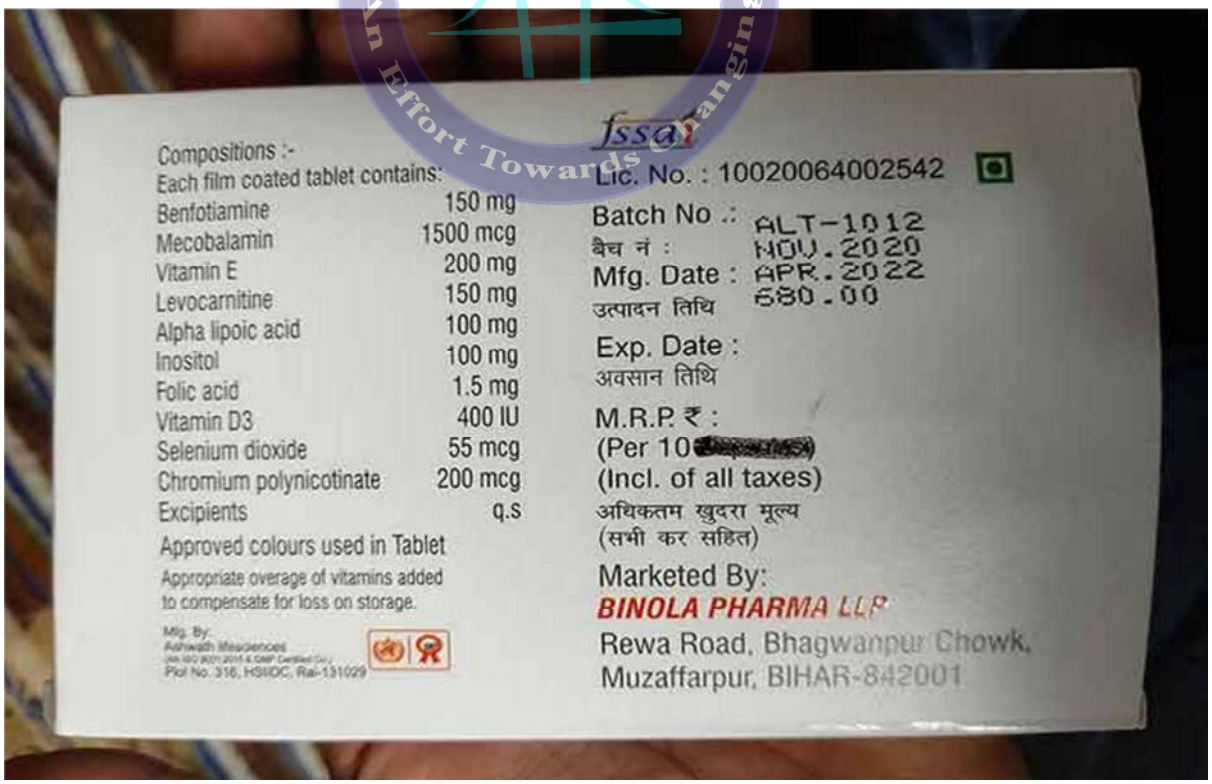

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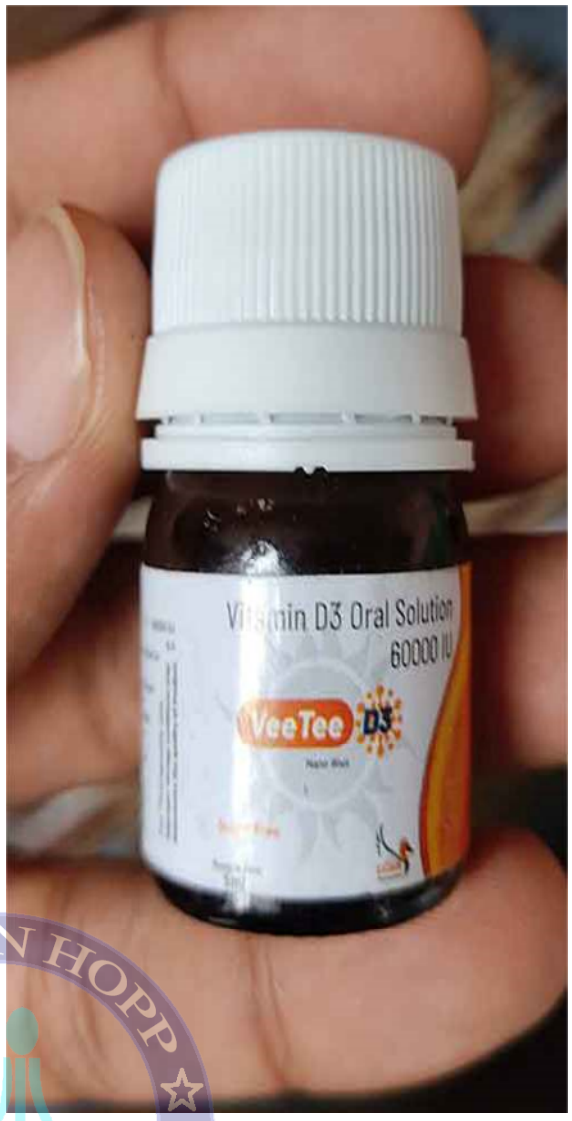

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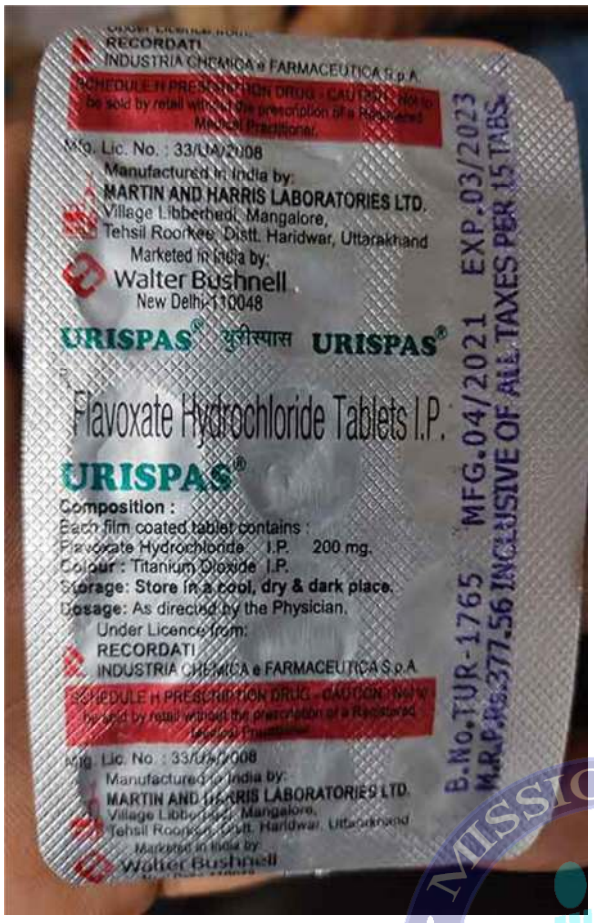

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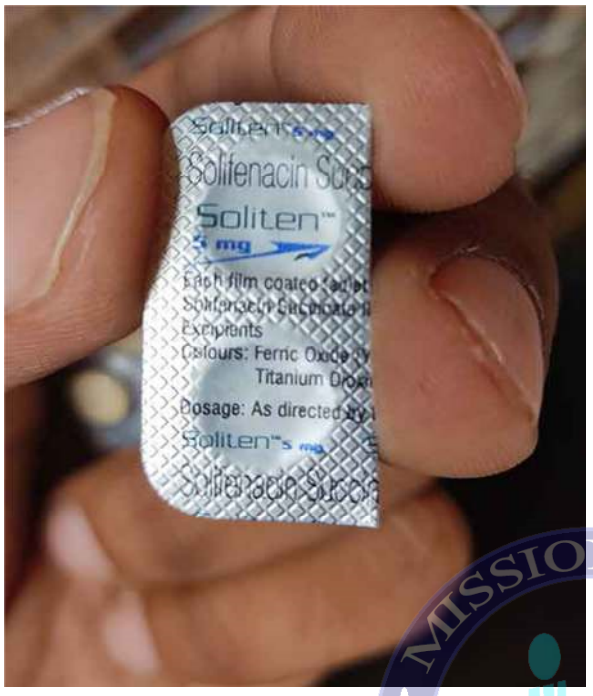

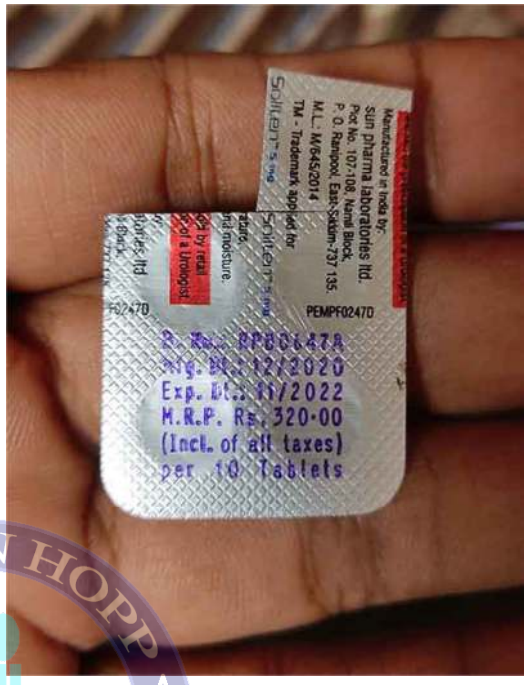

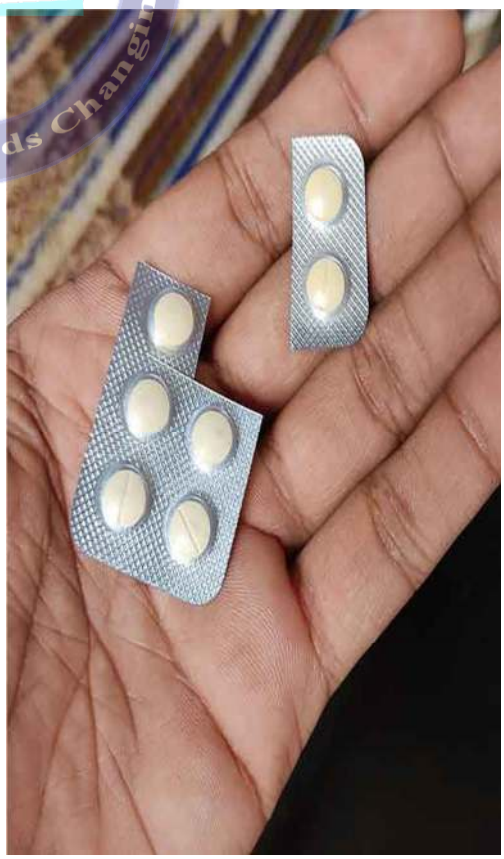

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