



44/w CMO-EM-3

एम.आर.-9  
M.R.-9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029  
All India Institute of Medical Sciences, New Delhi-110029  
परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी.सं. UHID No.
पता Address	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
सेवा Service				स्थिति Status

AKASH  
8 years  
Male  
C/O  
Pedo casualty  
1082569  
03.


Referred by Dr. Dr. Pediatrics to Dr. CMO  
Requesting Doctor Consultant & Specialty

Findings : Date : 03/05/25

The child is a c/o  
suspected neuroblastoma with  
pain in abdomen.

Kindly provide shed.

Diagnosis or Impression :

  
DR. HANSHU DAS  
Junior Resident  
Department of Pediatrics  
All India Institute of Medical Sciences  
New Delhi-110029


Recommendations:

प्रवेश-पत्र  
(केवल एक व्यक्ति के लिए)

रोगी का नाम  
Name of the Patient

वार्ड/बिस्तर सं.  
Ward/Bed No.

अवधि दिनांक  
Period from 03/05/25

 For

Consultant's Signature

SIGNATURE OF PATIENT  
NAME AND DATE  
NUMBER

to buy the contrast from Anrit Pharma  
जैसी से कंटास्ट खरीदने की सलाह देते हैं जो एक्स परिसर





शरीरमाद्यं खतु धर्मसाधनम्

बाल चिकित्सा विभाग



UHID: 108258903

Dept No: 20250030009877

अकाश अकाश / AKASH AKASH

S/O VINOD

8Y 0M 7D / M (पुरुष)

KUSHNAGAR LUCKNOW, UTTAR

PRADESH, PIN-2, INDIA

Ph: 4230

Collo: Up at in

UHID:

FBS:

2106PM  
Smear  
HPT

Present Clinical History and Diagnosis:

Clinical Question / PET Scan Indication :

Past Medical History with any current medication for same:

esp(TB/DM/Autoimmune)

(a) Previous Pathology Reports:

Try on 24/04/25  
DRNM

(b) Biochemical Markers:

DRNM  
SL

## PET SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान/ALL INDIA INSTITUTE OF MEDICAL SCIENCES

नाभिकीय चिकित्सा एवं पी.ई.टी. विभाग/Department of Nuclear Medicine & PET

अंसारी नगर, नई दिल्ली-110029/Ansari Nagar, New Delhi-110029

Tel. : 91-11-26593210

Physician request form for Positron Emission Tomography (PET) Scan  
done if form is not properly filled)

कमरा / Room

C-209

Queue /

F35

Unit-III, Paediatric,

Date:

LMP:

Contact No:

→ 40 suspected neuroblastoma

left suprarenal mass

left thoracic paravertebral

PET scans

Try  
on  
24/4/25

DRNM

DR. SAURAV SHARMA  
Senior Resident  
Paediatric Oncology  
Department of Paediatrics  
All India Institute of Medical Sciences  
New Delhi-110029

DR. SAURAV SHARMA  
Senior Resident  
Paediatric Oncology  
Department of Paediatrics  
All India Institute of Medical Sciences  
New Delhi-110029

Any Other relevant Info

Case discussed r Dr Saurabh

1 JK Nuclear medicine

→ to try on 25/04/25



INJECTED ACTIVITY (mCi):

Ht:

Urea:

TIME OF INJECTION:

Wt:

Creatinine

Previous Imaging

Site of Cannulation

Date Finding :-

Date Previous PET (Private/AIIMS)

Treatment history :

### Instruction to Patients :

1. Please bring DD/Pay order for Rs. 5000/7500 in favour "AIIMS MAIN GRANT ACCOUNT" and write name of patient on reverse of DD with date of scan. **Payment is to be made on the day of the test.**  
For 2nd PET Scan charge are only Rs. 4000/-
2. Charge for PET/CT film is Rs. 100/-
3. Patient may eat light breakfast before 7 am after that may take water only, no food for at least 4-6 hours.
4. Must bring all old records.
5. Study is subject to availability of RADIOISOTOPE

Date :

13/10/20

Time :

9:00

Consent

I have been explained the risk with iodinated contrast media & radiopharmaceutical injection. I hereby give my consent for the injection of contrast media/ RP to the patient by any route and dose as deemed necessary for PET/CT Imaging/Biopsy. I understand that sedation if necessary will be administered by the treating department / anesthetist

Signature ..... Name ..... Date ..... Relation .....



Document ID: 2025042116379

Scheduling Receipt No.174733/2025

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
New Delhi,

Radiology Observation Scheduling Receipt ## 251043/2025

## ACKNOWLEDGMENT

UHID No:	108256903	Name:	AKASH AKASH	Age:	8 years 5 days
Address:	KUSHINAGAR LUCKNOW PIN:0			Sex:	Male

Nanhi Smile Trust

Observation Type:	CTSCAN	Observation Name:	CECT CHEST AND ABDOMEN
Part Name:		Scheduling Date:	21/04/2025 08:30:00
Room No:	CT8 DF OPD RAK Block	Queue No:	18
Recommended by:	Dr. RACHNA SETH	Department:	Paediatrics

Note:-

PATIENT TO BRING THE FOLLOWING/रोगी निम्नलिखित लानेकी:

1. NON IONIC CONTRAST :100ML [XENETIX/IOMERON(400)/IOPAMIRO(300)/OMNIPAQUE (300)/ULTRAVIST(300)	1. नॉइयानिक कॉंट्रास्ट:100मी ली [जेनेटिक्स/ इओमेरॉन(400)/इओपामीरो(300)/ ऑनिपाक्यूए(300)/ उल्ट्राविस्ट(300)
2. FASTING FOR 6 HOURS BEFORE INVESTIGATION	2. जांचसे 6 घंटे पहले तक कुछन खाओ
3. BLOOD UREA,SERUM CREATININE REPORT	3. रक्त युवरीया क्रियेटिनिन की रिपोर्ट
4. PLEASE PAY RS 1000/-	4. कृपया भुगतान रुपये 1000 / -
5. BRING ALL OLD X RAYS AND OTHER INVESTIGATIONS ON THE DAY OF INVESTIGATION	5. सभी पुराने एक्सरेऔरअन्य जांचला ने टेस्ट के दिन
6. PLEASE BRING ONE ATTENDANT WITH YOU	6. मरीजअपने रिश्तेदार केसाथ आइए

**CONSENT:** I HAVE BEEN EXPLAINED THE COMPLICATIONS AND RISKS ASSOCIATED WITH IONIC/NON IONIC CONTRAST MEDIUM INJECTION.I HERE BY GIVE MY CONSENT FOR INJECTION OF IONIC/NON IONIC CONTRAST MEDIA BY ANY ROUTE.

**सहमति:** मूझे इयानिकऔर नॉइयानिक कॉंट्रास्टमीडीया इंजेक्शन से सम्बद्धित जटिलताओं, जोखिमोके बारे मे समझायागया है I मैं एतदद्वार किसी भी मार्ग द्वारा इयानिकऔरनॉइयानिक कॉंट्रास्ट मीडिया का इंजेक्शन के लिए अपनी स्वीकृति देता / देती हूँ I

SIGNATURE OF PATIENT OR ATTENDANT:

NAME AND DATE:

MOBILE NUMBER:





# NUCLEAR MEDICINE INVESTIGATION REQUISITION FORM

नाभिकीय चिकित्सा विभाग

DEPARTMENT OF NUCLEAR MEDICINE

Tel : 011-26588500 / EXT. 3446  
011-26593446

बाल चिकित्सा विभाग  
UHID: 108253903



Dept No: 20250030009877

Queue /  
संख्या

कमरा / Room  
C-209

F35

Unit-III, Paediatric,

अकाश अकाश / AKASH AKASH

PC-17

रोगी का

S/O VINOD  
BY DM 7D / M(पुरुष)

बुध, शनि, Wed, Sat(बुध, शनि)

लिंग Age / Sex :

Referred

KUSHINAGAR LUCKNOW, UTTAR  
PRADESH, Pin D. INDIA



आई डी / UHID No. :

Examination Required :

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Liver Scan  | <input type="checkbox"/> Renal dynamic scan                    | <input type="checkbox"/> Thyroid Scan                             |
| <input type="checkbox"/> Hepatobiliary / HIDA Scan                         | <input type="checkbox"/> DMSA Renal Scan                       | <input type="checkbox"/> R.A.I.U.                                 |
| <input type="checkbox"/> Study for Duodeno gastric reflux                  | <input type="checkbox"/> Renal Transplant Evaluation           | <input type="checkbox"/> Perchlorate discharge Test               |
| <input type="checkbox"/> Study for G.I. Bleeding                           | <input type="checkbox"/> Renal Clearance Study                 | <input type="checkbox"/> I-131 Whole Body Scan                    |
| <input type="checkbox"/> Meckel's Scan / Blood Pool / Sulphur Colloid Scan | <input type="checkbox"/> G.F.R.                                | <input type="checkbox"/> Salivary Scintigraphy                    |
| <input type="checkbox"/> Blood Pool Scan / MUGA                            | <input type="checkbox"/> E.R.P.F.                              |   |
| <input type="checkbox"/> Gastro - esophageal Reflux                        | <input type="checkbox"/> Brain Spect Scan                      | <input type="checkbox"/> TRODAT Spect                             |
| <input type="checkbox"/> Gastric Emptying Study                            | <input type="checkbox"/> Parathyroid Scintigraphy              | <input checked="" type="checkbox"/> MIBG Scan 781                 |
| <input type="checkbox"/> Bone Scan   | <input type="checkbox"/> Miscellaneous (Only after Discussion) | <input type="checkbox"/> Lymphoscintigraphy 24/4/25               |
|  |  | <input type="checkbox"/> Sentinel Lymphnode Scintigraphy 9: 40 AM |

## IMPORTANT

L.M.P. :

S Cr :

Blood Urea :

Serum Bilirubin :

Haemoglobin :

P.C.V. :

PREVIOUS STUDY No. and date.

## BRIEF CLINICAL HISTORY

→ for suspected neuroblastoma

2 masses,

left suprarenal

4 Retrothoracic paravertebral

MIBG scans

Kindly give early date, need to start treatment

Date

DR. SAURAV SHARMA  
Senior Resident  
Dept. of Paediatric Oncology  
All India Institute of Medical Sciences  
New Delhi - 110029

DR. SAURAV SHARMA  
Senior Resident  
Dept. of Paediatric Oncology  
All India Institute of Medical Sciences  
New Delhi - 110029

Signature of  
Referring Physician / Surgeon





DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY  
A.I.I.M., NEW DELHI-110029

Appointment for Intervention Radiology Procedure

Name:- Akash Age/Sex 8y/M Date: 20/4/25  
UHID: 108256903 Ward/OPD \_\_\_\_\_ RoomNo.: 60 Time: 8:30am  
You are booked for: \_\_\_\_\_

Pre Intervention Instructions:

- USA guided Bx of (1) RP mass (2) Adrenal crossing midline (Sedation)  
S/A ? (1) Adrenal crossing midline  
A. Patient should be admitted  
B. Patient to be shifted in hospital clothes with a trolley  
C. One attendant to accompany the patient  
D. Consent form to be signed  
E. Lab tests: Prothrombin Time (PT report) 1 pt / 7 NR, 1 pt  
F. Patient should come with IV cannula inserted from the ward  
G. Patient can take light diet and water 4 hours before the procedure  
H. Bring all your previous investigation (X-ray, US, CT etc) and file  
I. To bring following items:

- PCN set (Percutaneous Nephrostomy) -8F, Size (One)
- Pigtail catheter / Malecot drainage Catheter \_\_\_\_\_ (One)
- Amplatz Super stiff/Ultra stiff metallic Guide wire (0.035): Length: 145cm (One)
- Automatic core biopsy gun 14/16/18G (One)
- Semi-Automatic co-axial biopsy gun 18/20 G (One) (10/15/20 MM throw)
- Get biopsy preservative solution bottles for routine Cytology and Electron microscopy from pathology Department 1<sup>st</sup> Floor Teaching Block
- I.P. Needle 18G/20G/23G \_\_\_\_\_
- Chiba Needle 23G \_\_\_\_\_
- Bring FNAC/Biopsy form your concerned OPD/Ward duly filled by your Doctor
- Deposit Rs. \_\_\_\_\_
- Any other \_\_\_\_\_

184, 16cm subcutaneous Biopsy  
**Nanhi Smile Trust**

Appointment given by (Name of Resident with Date):



Stuti  
Dr. Supraja  
col Radio fellow  
(60) / (61)

gate NO. 1 (29/4/25)  
at gam:

विकिरण नैदानिक विभाग  
अ०भा०आ०सं०, नई दिल्ली-110029  
DEPARTMENT OF RADIODIAGNOSIS  
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name : Akash.

Age / Sex : 33m/m

Ref. Deptt. / Unit :

Date : 17/4/25

Indoor (Bed No.) / Outdoor / Casualty

OPD No. / UHID No. : 108256903

LMP :

Examination Required :

Nanhi Smile Trust

Ultrasound

guided  
Bx

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

RC disc  
(R) paravertebral mass extending  
into retrocrural space.  
(L) Adrenal mass = IDRF  
crossing midline.

Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available) :  
Blood Urea / Serum Creatinine (for CT patients only) :  
Any h/o allergy or asthma :

USG guided biopsy  
from (2) mass

(R) paravertebral  
(L) Adrenal

Signature of Referring Physician / Date :

Consent :

I hereby given consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Shanvi  
SR PD

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :



# विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

बाल चिकित्सा विभाग  
UHID: 108259903



Dept No: 202-0030009877

कमरा / Room

C-209

Queue /

संख्या N15

DIAGNOSIS

- 110029

REQUISITION FORM

Name

अकाश अकाश / AKASH AKASH

S/O VINOD  
SY OM OD / M (पुरुष)

Ind

KUSHINAGAR LUCKNOW, UTTAR

PRADESH, Pin-0 INDIA

Ph: 8428730

Examination required :

बुध, शनि, Wed Sat (बुध, शनि)

Deptt./Unit :

Date : 16/4/2025

DN :

LM :

Clinical History and Examination :

Chest - X-ray

## Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :  
Any h / o allergy or asthma :  
(for IVU patients only) :

Signature of Referring Physician / Date :

## Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : 16/4/25

Room No. : 845 or New Room

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. :

Size / No. of Films

Date :

Kvp/mAS:

Sign. of Radiographer :

P.T.O.

DR. SHARAN SHANUBHOGUE  
Senior Resident  
Paediatric Oncology  
Deptt. of Paediatrics  
All India Institute of Medical Sciences  
New Delhi- 110029



विकिरण नैदानिक विभाग  
अ०भा०आ०सं० नई दिल्ली-110029

USG-8060

बाल चिकित्सा विभाग  
UHID:108258903



Dept No: 2020030009877

अकाश अकाश / AKASH AKASH

कमरा / Room  
C-209

Queue /  
संख्या

N15

Unit-III, Paediatric,

DIAGNOSIS

II - 110029

RADIOGRAPHY REQUISITION FORM

S/O VINOD  
8Y OM OD / M(पुरुष)

KUSHNAGAR LUCKNOW-UTTAR

PR. DESH. Pin.0. INDIA

PH: 2635

New Patient

बुध, शनि, Wed, Sat(बुध, शनि)



Reporting: 10:17:00  
18/04/2025

Deptt. / Unit :

Date : 16/4/2025

LMP :

Examination Required :

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

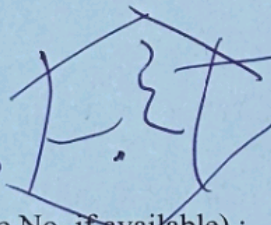
CT Angiography

Clinical History and Examination :

40 abdominal distension x 2 weeks  
months

Clinical / Working Diagnosis :

Hepatomegaly



Swelling ⊕

? NHL  
vs

RP Samene

vs

neuroblastoma

Any Previous Studies (Please provide No. if available) :

Blood Urea / Serum Creatinine (for CT patients only) :

Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby given consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :





# MAHAVIR DIAGNOSTIC

महावीर डिजिटल एक्स-रे, अल्ट्रासाउंड, सीटी स्कैन एवं पैथोलॉजी

32 Slice CT Scan, Digital X-Ray, Ultrasound, Pathology, O.G. & C. व. सुविधा उपलब्ध

अम्बेडकर चौक, अस्पताल रोड, गोपालगंज - 841 428 (बिहार)  
फोन 983 46150, 62016 97171

## Nanhi Smile Trust

Bilateral ureters are not dilated. No any calculus is seen. Bilateral vesico-ureteric junction appears normal.

Both adrenals appear normal in size and shape.

No free fluid is seen in the peritoneal cavity.

Stomach appears unremarkable. No obvious bowel wall thickening / dilatation seen.

No evidence of acute appendicitis.

The bladder is normal. No evidence of diverticulum or calculus.

Prostate is normal for age.

No lytic or sclerotic lesion is seen in visualized bones.

### IMPRESSION:

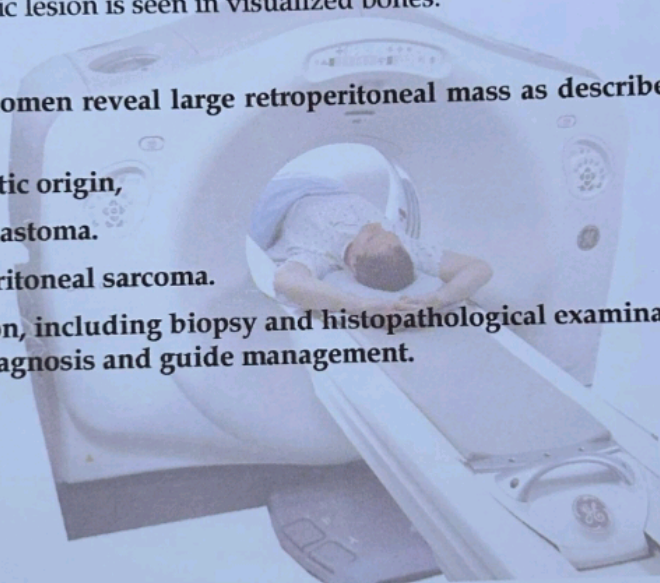
CECT whole abdomen reveal large retroperitoneal mass as described above - likely neoplastic.

D/D: 1. Lymphatic origin,

2. Neuroblastoma.

3. Retroperitoneal sarcoma.

Further evaluation, including biopsy and histopathological examination, is necessary to confirm the diagnosis and guide management.



*Aggarwal*

Dr. Ankur Aggarwal  
MBBS, M.D (Consultant Radiologist)  
MCI/09-34285

**Disclaimer**-It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately. Please Call on +91-9818400832/ +91-9711117522 for any query related the reports (Only Doctors Allowed to call for discussion)

## गोपालगंज की प्रथम अत्याधुनिक 32 Slice CT Scan Machine



32 Slice CT Scan • CT Angiography : Brain Carotid, CT Enterography, Whole body CT Scan • Digital X-Ray  
Fully Computerized Pathology Lab • E.C.G. • Digital OPG • HSG • Ultrasound • Color Doppler • Denta scan

This is not to be used for Medico-Legal Purposes. This Report is only Professional Opinion. Kindly Co-Related Clinically





# MAHAVIR DIAGNOSTIC

महावीर डिजिटल एक्स-रे, अल्ट्रासाउंड, सीटी स्कैन एवं पैथोलॉजी

32 Slice CT Scan, Digital X-Ray Ultrasound  
Pathology, OPG & ECG की सुविधा उपलब्ध

अम्बेडकर चौक, अस्पताल रोड, गोपालगंज - 841 428 ( बिहार )  
फोन : 92635 46150, 62016 97171

Name	AKASH KUMAR 8YRS	Patient ID	C25D08 D
Accession No		Age / Gender	8 / Male
Referred By	Dr. RAJNISH KUMAR MBBS MS	Date	09-Apr-2025

## CT REPORT - ABDOMEN AND PELVIS (PLAIN AND CONTRAST)

**TECHNIQUE:** Volume scan of whole abdomen was made from xiphisternum to pubis before and after administration of 50 ml of non-ionic intravenous contrast. MPR & SSD / VR images were obtained.

### OBSERVATION:

A large, heterogeneously enhancing mass lesion is seen in the retroperitoneum, measuring 20.5 x 12.1 x 11.6 cm, extending from the upper to mid abdomen on the left side. The lesion extends superiorly to the subhepatic space, causing compression and contralateral displacement of the IVC towards the right side. It also compresses the hepatic parenchyma and portal vein. Inferiorly, the lesion extends to the level of the kidney, compressing the left kidney posteriorly without invading it. The lesion is limited anteriorly by the abdominal wall. The lesion contains patchy hypodense areas suggestive of cystic or necrotic components, as well as streaky calcifications. The lesion compresses the retroperitoneal splenic vein and causes slight compression of the portal vein.

There is a hypo-enhancing mass lesion seen in the right hemithorax, measuring approx. 63 x 98 mm showing heterogenous post contrast enhancement.

Liver is normal in size and shows uniform density. No focal lesion is seen. No abnormal enhancement is seen. The intrahepatic biliary radicles are normal. Portal and hepatic veins are normal. CBD is not dilated.

Gall bladder is normally distended with no obvious CT dense calculus visualized. Wall thickness is normal. (USG/MRI is the choice of modality to look for small gall bladder calculi or other pathology).

Pancreas is normal in size and density. No calcification, mass or peripancreatic fluid collection seen. The pancreatic duct is not dilated.

Spleen is normal in size and density.

Right kidney is normal in size and enhancement pattern. No renal calculus noted. No focal lesion or hydronephrosis is noted.

Left kidney is otherwise normal in size and enhancement pattern. No renal calculus noted. No focal lesion or hydronephrosis is noted.

गोपालगंज की प्रथम अत्याधुनिक 32 Slice CT Scan Machine

32 Slice CT Scan • CT Angiography : Brain Carotid, CT Enterography, Whole body CT Scan • Digital X-Ray  
Fully Computerized Pathology Lab • E.C.G. • Digital OPG • HSG • Ultrasound • Color Doppler • Denta scan  
This is not to be used for Medico-Legal Purposes. This Report is only Professional Opinion. Kindly Co-Related Clinically







SURGICAL SOLUTION

# DR. R.K. THAKUR HOSPITAL

(A Unit Of DR RK Thakur Health Care Pvt Ltd.)

Kamla Rai College Road, Near Hotel Ralson,

Gopalganj, Bihar- 841428

Helpline No.:- 7273994786 / 8809404201

Patient's Name : MR. AKASH KUMAR

Age / Sex : 8 Years/Male

Referred By : Dr. Rajnish Kumar

Out/In Patient : OPD

UHID : RKT2526/151

Collection Date Time : 09/04/2025 02:59:50 PM

Reporting Date Time 09/04/2025 4:13:09 PM

Bill No : HBL2526/753

Lab ID :

# Nanhi Smile Trust

Investigation Name

Result

Units

Reference Range

## Complete Blood Count

TOTAL W.B.C COUNT 6800 ✓  $10^3/\mu\text{L}$  4000 — 11000

## DIFFERENTIAL & ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS 60 % 40 — 75

LYMPHOCYTES 35 % 20 — 45

EOSINOPHILS 3 % 1.0 — 6.0

MONOCYTES 2 % 2 — 10

BASOPHILS % 00 — 01

HAEMOGLOBIN ↓ 7.5 ✓ gm/dl 11 — 15

## Red Blood Cell (RBC)

R.B.C. COUNT ↓ 3.39 million/Cu mm 3.5 — 6.0

PCV / HAEMATOCRIT (HCT) ↓ 23.2 % 30 — 54

MEAN CELL VOLUME (MCV) ↓ 68.44 ✓ fl 82 — 98

MEAN CELL HAEMOGLOBIN (MCH) ↓ 22.12 ✓ pg/L 27 — 32

MEAN CELL HB CONCENTRATION (MCHC) 32.33 g/dl 30 — 36

RBC DISTRIBUTION WIDTH RDW ↑ 17.7 % 10 — 16

## PLATELETS INDICES

PLATELETE COUNT 3.32 ✓ /Cu. mm 1.5 — 4.5

Nirmala Kumari

Dr. Nirmala Kumari  
MBBS, MD((Microbiology)

Mohamed Abdul Kalam Ajad

Md. Abdul Kalam Ajad  
B. SC ( LAB TECHNOLOGIST)

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# DR RK THAKUR HOSPITAL

(A Unit of DR RK THAKUR HEALTHCARE PVT LTD.)

ADVANCED LAPAROSCOPY, UROLOGY AND STONE CENTER

SURGICAL SOLUTION

Dr. Rajnish Kumar

(डॉ. रजनीश कुमार)

लैप्रोस्कोपिक सर्जन

M.B.B.S, M.S Gen Surgery (Patna)  
Consultant Laparoscopic Urologist & General Surgeon  
Ex. Senior Resident, Deptt. of General Surgery,  
IGIMS, Patna

Helpline No : + 91 7273994786/8809404201



KAMLA RAI COLLEGE ROAD,  
NEAR RALSON HOTEL GOPALGANJ 841428

MOB : + 91 7273994786

सोम, मंगल, बुध, गुरु, शुक



JAGDEOPATH, PILLAR NO 10,  
MURLICHAK, PATNA, BIHAR 800014

MOB : + 91 9031692227

शनिवार, रविवार

Uh Id :- RKT2526/151

Patient Name- Mr. Akash Kumar

OPD NO :- OPD2526/151

Date/Time :- 09/04/2025 10:30 AM

G. Name :- W/O Sri Binod Nishad

Valid Up To :- 28/04/2025

Age/Sex :- 8 Y/ M

Address :- Gola Ghat Pipraghat Mustki Kushinagar Up

Regis Type :- New

Mobile No :- 7897207461

Department :- Laparoscopy Genral Surgery & Urology

Booking No :- 5

Doctor Name :- Dr. Rajnish Kumar  
MBBS, MS, Gen. Surgery (PAT)

B.P :

PULSE : 102 Per/min

SPO2 : 98.50 %

TEMP : 97.2°F

WEIGHT : 21 kg

Investigations :

USG W/A :

Chest X-ray PA View :-

ECG :-

LFT :-

KFT :-

ESR :-

V.M :-

MT TEST :-

ESR :-

H.T., C.T, PT, INR :-

HB 1 :-

R/line :-

ECG :-

ECHO :-

IVP :-

TSH :-

T3 :-

T4 :-

(Abdominal distension.)

Nanhi Smile Trust

✓ CLCT Abdomen

NOT VALID FOR MEDICO LEGAL PURPOSE

20 दिन बाद पुनः फीस लगेगा।



: MR. AKASH KUMAR

: Dr. Rajnish Kumar

: RKT2526/151

Age / Sex : 8 Years/Male

Out/In Patient : OPD

Collection Date Time : 09/04/2025 02:59:50 PM

Reporting Date Time 09/04/2025 4:13:09 PM

Bill No

: HBL2526/53

Lab ID

:

**Nanhi Smile Trust**

Investigation Name

Result

Units

Reference Range

HIV Ab/Ag combo

HIV - I / II

NEGATIVE

NEGATIVE

Hepatitis B Surface Antigen (HbsAg)

HBsAg

NEGATIVE

NEGATIVE

Antibody to Hepatitis C Virus

HCV

NEGATIVE

NEGATIVE

Method **CMIA** (Chemiluminescent Microparticle Immunoassay)

Interpretation of Result

S/co < 1.00 are Non Reactive

S/co = 1.00 are Reactive(Positive)

**Method-CMIA**(Chemiluminescent Microparticle Immunoassay)

This is screening test only. It is Qualitative Test.

Value doesn't have any relationship with viral load, the method is very sensitive.

Do not compare the result with STRIP or Micro-well Elisa method.

Some MUTANTS might lead to loss of detection in commercially available HbsAg kit

This kit Detects the most prevent HbsAg mutant, Glycine to **Arginine** mutation at amino acid 145 of HbsAg

Method

**CMIA** (Chemiluminescent Microparticle Immunoassay)

S/co < 1.00 are Non Reactive

S/co = 1.00 are Reactive(Positive)

This is screening test only, Since assay is antibody based, it bears the limitation of the same.

If assay result are inconsistent with clinical evidence, additional testing is suggested to confirm the result.

Recommended: HCV RNA PCR Test.

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**DR. R.K. THAKUR HOSPITAL**  
(A Unit Of DR RK Thakur Health Care Pvt Ltd.)  
Kamla Rai College Road, Near Hotel Ralson,  
Gopalganj, Bihar- 841428  
Helpline No.:- 7273994786 / 8809404201

: MR. AKASH KUMAR

: Dr. Rajnish Kumar

: RKT2526/151

Age / Sex

: 8 Years/Male

Out/In Patient

: OPD

Collection Date Time : 09/04/2025 02:59:50 PM

Bill No : HBL2526/753

Reporting Date Time 09/04/2025 4:13:08 PM

Investigation Name

BIO-CHEMISTRY EXAMINATION

Lab ID

Nanhi Smile Trust

Result

Units

Reference Range

BLOOD SUGAR RANDOM

77.2

mg/dl

70 — 140

BLOOD UREA

**KIDNEY FUNCTION TEST**

BUN

20.1

mg/dl

0 — 40

SERUM CREATININE

9.39

mg/dl

7.5 — 23.0

SERUM URIC ACID

0.58

mg/dl

0.5 — 1.5

3.50

mg/dl

3.5 — 7.2

**LIVER FUNCTION TEST**

**SERUM BILIRUBIN**

TOTAL

0.9

mg/dl

0.1 — 1.20

DIRECT

0.4

mg/dl

0 — 0.5

INDIRECT

0.5

mg/dl

0 — 0.7

SGOT (AST)

32.2

U/Lt

0 — 46

SGPT (ALT)

21.2

U/Lt

5 — 35

SERUM ALKALINE PHOSPHATASE

80.2

Unit/dl

30 — 160

**SERUM PROTEIN**

PROTEIN

6.10

mg/dl

6.0 — 8.3

ALBUMIN

↓ 3.05

gm/dl

3.5 — 5.0

GLOBULIN

3.05

gm/dl

2.0 — 3.5

A : G RATIO

01

Ratio

0.8 — 2.0

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