



**BOMBAY HOSPITAL
&
MEDICAL RESEARCH CENTRE**



Ref. _____

Date : 22/05/23

To whomsoever it may concern

pt Jeeb Shetty, 154/M, is admitted

in BH on 01/05/23 for clo-severe abdo pain

diagnosed as Acute

resolving Peritonitis, needed ventilator.

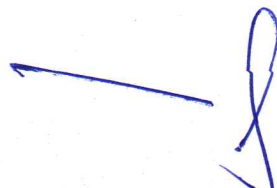
then shifted to ward but again got

Severe abdominal pain, on 17/05/23 for

Recovery of infected Pseudocyst / needed air

needs. At present pt is on mechanical

ventilator.


Dr. N. H. Bhatnagar



BOMBAY HOSPITAL & MEDICAL RESEARCH CENTRE

DEPARTMENT OF IMAGING, SECTION OF C T SCAN

12, New Marine Lines, Mumbai - 400 020. Tel. : 022-22055668 / 22067676 Extn. 371



Patient Name	: Master THAKKAR JEET AMIT	Age	: 15	IP/OP No	: 2355417
Referred By	: Dr. N.H. BANKA	Sex	: M	Bed No	: 8054
Date	: 18/05/2023	Ref No	: 77097458		
Ward	: 8 FL NW				
User ID	: SJC 19/05/2023 12:51:36 PM				

CT SCAN OF ABDOMEN & PELVIS

A plain and post contrast CT study of the abdomen and pelvis has been performed after administration of 70 ml. of nonionic iohexol contrast.

Clinical details:

Known case of necrotising pancreatitis with significant abdominal pain.

Imaging findings:

Prior CT study dated 07/05/23 was available for comparison.

There is newly detected large heterogeneous collection with predominant hyperdense contents within is seen along the course of gastrosplenic ligament measuring about 9.1 x 7.6 x 7.2 cm. (AP x TR x CC) which is seen indenting the left lobe of liver. Small focal soft tissue fat stranding seen along the left lateral chest wall anterior to the left sixth rib.

The pancreas shows persistent inhomogeneous attenuation with mild progression in the size of the previously seen walled off necrotic collections in the pancreatic and peripancreatic regions with new onset hyperdense layering within likely secondary to haemorrhage. There is no active contrast extravasation noted. The largest collection along the lesser sac is seen projecting into the lumen of stomach and now measures about 7.8 x 14.3 x 8.3 cm (AP x TR x CC) and is seen compressing the portal vein at its confluence, proximal and mid splenic vein, however distal splenic vein appears normal in calibre. No portal vein, splenic vein and superior mesenteric vein thrombosis. There is resolution of the previously seen necrotic collection in the perihepatic region.

The celiac artery and its branches show normal contrast opacification.

There is mild progression in the omental haziness and inhomogeneous nodularity along the left Zuckerkind's fascia.

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There is regression of the ascites and left pleural effusion with persistent hyperdense content within the pleural effusion. There is complete resolution of the right pleural effusion.

The previously seen subcutaneous edema and haziness has significantly reduced.

The urinary bladder is partially distended and appears normal. The previously seen bulb of Foley's catheter and rectal tube is not seen in present study.

Rest of the imaging findings are unchanged.

Conclusion:

There is a large new heterogeneous collection with predominantly hyperdense contents within the gastrosplenic region with no active contrast extravasation.

Features of necrotising pancreatitis with mild progression in the size of walled off necrotic collections in pancreatic and peripancreatic regions and newly detected hyperdense layering within likely haemorrhagic.

A handwritten signature in blue ink, appearing to be 'Indar'.

Dr. INDER TALWAR

M.D., D.M.R.D., D.M.R.E.

Prof. & Head of Dept.



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DEPARTMENT OF IMAGING, SECTION OF C T SCAN

12, New Marine Lines, Mumbai - 400 020. Tel. : 022-22055668 / 22067676 Extn. 495



Patient Name	: Master THAKKAR JEET AMIT	Age	: 15	IP/OP No	: 2355417
Referred By	: Dr. N.H. BANKA	Sex	: M	Bed No	: 8054
Date	: 19/05/2023			Ref No	: 77097477
Ward	: 8 FL NW				
User ID	: SJC 20/05/2023 3:04:11 PM				

CT ABDOMINAL ANGIOGRAPHY

CT abdominal angiography has been performed after using 70 ml. of nonionic Iohexol contrast.

Clinical details: Known case of necrotising pancreatitis.

Imaging findings: Previous CT study dated 18.5.2023 was available for comparison.

A comparative study reveals regression in size of the peripherally enhancing pancreatic and anterior peripancreatic collections especially in the anteroposterior dimensions measuring about 5 cm. as opposed to 7.6 cm. previously, which focally indents the stomach. The other collections in the perisplenic region along the ventral aspect appears unchanged with persistent hyperdensity while dorsal perisplenic collection seems to have mildly reduced. There is however progression of the thin walled acute fluid collections along the anterior abdominal wall with increased peritoneal fat stranding and ascites especially along the right paracolic regions.

On abdominal angiography, the abdominal aorta, coeliac trunk and its branches, superior and inferior mesenteric arteries appear normal with no extravasation of the intravenously administered contrast. The hepatic, portal and superior mesenteric veins appear normal. There is persistent focal compression of the distal splenic vein just close to the confluence.

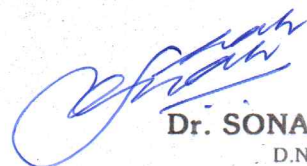
There are persistent enhancing varices in the perigastric and peri-oesophageal regions predominantly in the gastric walls with no obvious extravasation.

Moderate left pleural and mild right basal effusion is seen, the latter is new.

Rest of the imaging findings appear unchanged.

CONCLUSION: In this known case of necrotising pancreatitis, there is mild to moderate regression in size of the pancreatic and anterior peripancreatic walled off necrosis which has probably ruptured with increase in the size of acute fluid/necrotic collections under the anterior abdominal wall, ascites and peritoneal thickening.

There is no extravasation of the intravenously administered contrast.


Dr. SONALI SHAH
D.N.B., D.M.R.D.
Consultant Radiologist



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Bombay Hospital Trust
 12, New Marine Lines, Mumbai - 400 020. Tel.: 2206 7676
 DEPARTMENT OF PATHOLOGY



DR. PARESH MARATHE H.O.D. M.D. (Path)	DR. RICHA BHARTIYA M.D. (Path)	DR. RUPALI PARIKH M.D. (Path)	DR. PUSHKAR GADKARI M.D. (Path)
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Patient Name : Master THAKKAR JEET AMIT	Age : 15 Yrs 9 Mths	IP/OP No : 2355417
Referred By : Dr. N.H. BANKA	Sex : M	Bed No : 8054
Date : 18/05/2023	Ward : 8 FL NW	Lab No : 831802
User ID : LP 18/05/2023 19:27		

ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)
 Sample : Citrated Plasma

TEST	VALUE	UNIT	NORMAL RANGE
Patients Value	35.10	sec	25.0-30.0
APTT Control	27.70	sec	

Comments:

Activated Partial Thromboplastin Time (APTT) measures the proteins of the intrinsic coagulation pathway which consists of Factor XII, Prekallikrein, High molecular weight kininogen, Factors VIII, IX & XI. It also measures proteins of the common pathway namely factors II, V, X & Fibrinogen.

APTT is prolonged when Factor VIII level is <35-40% of normal and Factor XII & High molecular weight kininogen is <10-15% of normal.

Abnormal Partial Thromboplastin Time:

1. Associated with bleeding: Defects of factors VIII, IX & XI.
2. Not associated with bleeding: Defects of Factor XII, Prekallikrein, High molecular weight kininogen & Lupus Anticoagulants

Causes of prolonged PTT/APTT:

1. Liver disease
2. Consumptive coagulopathy
3. Circulating anticoagulants including Lupus Anticoagulant
4. Oral Anticoagulant therapy
5. Factors deficiencies

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Bombay Hospital Trust

12, New Marine Lines, Mumbai - 400 020. Tel.: 2206 7676

DEPARTMENT OF PATHOLOGY



DR. PARESH MARATHE
H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
M.D. (Path)

DR. RUPALI PARIKH
M.D. (Path)

DR. PUSHKAR GADKARI
M.D. (Path)

Patient Name : Master THAKKAR JEET AMIT
Referred By : Dr. N.H. BANKA
Date : 18/05/2023
User ID : ARG 18/05/2023 19:33

Age : 15 Yrs 9 Mths
Sex : M
Ward : 8 FL NW

IP/OP No : 2355417
Bed No : 8054
Lab No : 831815

PROTHROMBIN TIME (P.T)

Sample : Citrated Plasma

TEST	VALUE	UNIT	NORMAL RANGE
Patients Value	15.70	sec	11.0 - 13.0
Control (MNPT)	12.00	sec	
Index	76.43	%	
Ratio	1.31		
INR	1.33		Normal population : 0.8 - 1.2 Standard Therapy : 2.0 - 3.0 High Dose Therapy : 3.0 - 4.5

Comments:

1. This assay is used to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen, control long term oral anticoagulant therapy and evaluation of liver function.
2. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Prolonged INR suggests potential bleeding disorder/bleeding complications.
3. Results should be clinically correlated.

Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0 - 3.0:

1. Treatment of Venous thrombosis & Pulmonary embolism
2. Prophylaxis of Venous thrombosis (High risk surgery)
3. Prevention of systematic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation
4. Bileaflet mechanical valve in aortic position

INR 2.5 - 3.5:

1. Mechanical prosthetic valves
2. Systematic recurrent emboli

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Dr. PARESH MARATHE MD
Consultant Pathologist (Blood Bank)
Extn : 713

Dr. MAYA PARIHAR-MALHOTRA
MD, DPB
Pathologist, In-charge Blood Bank (Extn : 238, 215)

Patient Name :	Master THAKKAR JEET AMIT	Age :	15 Yrs 9 Mths	IP/OP No :	2355417
Referred By :	Dr. N.H. BANKA	Sex :	M	Bed No :	8054
Date :	18/05/2023	Ward :	8 FL NW	Lab No :	831814
User ID :	ARG 18/05/2023 20:42				

NATURE OF SPECIMEN : BLOOD

TEST FOR HEPATITIS "B" VIRUS SURFACE ANTIGEN (HBsAg)

NON-REACTIVE

Method: By VITROS (ECi)

Checked by:

Counter-Checked by:

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H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
M.D. (Path)

DR. RUPALI PARIKH
M.D. (Path)

DR. PUSHKAR GADKARI
M.D. (Path)

Patient Name : Master THAKKAR JEET AMIT
Referred By : Dr. N.H. BANKA
Date : 18/05/2023
User ID : BGA 18/05/2023 19:46

Age : 15 Yrs 9 Mths
Sex : M
Ward : 8 FL NW

IP/OP No : 2355417
Bed No : 8054
Lab No : 831805

LIVER PROFILE BY DIMENSION RXL

TEST	RESULT	REFERENCE INTERVAL
TOTAL BILIRUBIN	2.20	0.0 - 1.0 mg%
DIRECT BILIRUBIN	1.00	0.0 - 0.3 mg%
INDIRECT BILIRUBIN	1.20	0.0 - 0.7 mg%
TOTAL PROTEINS	7.50	6.4 - 8.2 gm%
ALBUMIN	3.10	3.4 - 5.0 gm%
GLOBULIN	4.40	2.8 - 3.6 gm%
A/G RATIO	0.71	0.9 - 2.0
CHOLESTEROL	79	125 - 200 mg%
S.G.P.T. (ALT)	48	15 - 63 mU/ml
S.G.O.T. (AST)	41	15 - 37 mU/ml
LACTATE DEHYDROGENASE	359	81 - 234 mU/ml
ALKALINE PHOSPHATASE	114	46 - 116 mU/ml
G.G.T.P	140	5 - 85 mU/ml

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Counter-Checked by:

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MOLECULAR BIOLOGY LABORATORY



MC-5362

Patient Name : Master THAKKAR JEET AMIT
Referred By : Dr. N.H. BANKA
Date : 18/05/2023
User ID : BGA 19/05/2023 08:14

Age : 15 Yrs 9 Mths
Sex : M
Ward : 8 FL NW

IP/OP No : 2355417
Bed No : 8054
Lab No : 831933

Real Time Qualitative RT-PCR detection of Severe
Acute Respiratory Syndrome Coronavirus 2 (COVID 19)

Specimen: Nasopharyngeal Swab

Method: Real time Qualitative RT-PCR:SARS CoV 2 (COVID 19)

RESULT : NOT DETECTED CT Value : ORF 1 ab gene: --
N gene: --

Result Analysis:

Key -

- NOT DETECTED : Results indicate absence of SARS CoV 2 RNA or less than detection limit in the given sample.
- DETECTED : Results indicate the presence of SARS CoV 2 RNA in the given sample.
- INCONCLUSIVE : Results are inconclusive. Advised to send fresh specimen for rechecking.

Note:

1. For additional testing, specimens may be collected after 2-4 days post collection of first specimen.
2. In case borderline tests, test may indicate variable results. Repeat testing is advised for such cases.
3. ICMR recommended kits are used for reporting, all the positive cases are notified to ICMR for further surveillance.

Limitations of the assay:

1. PCR inhibitors may interfere with Real Time RT-PCR performance
2. Real Time RT-PCR results must be correlate with other tests (serology based). Negative test results does not rule out the possibility of infection
3. Real Time RT-PCR test results should not be used as the sole basis for disease management

Disclaimer:

1. The intention of the test is for in conjunction with clinical presentation and other laboratory markers.
2. Improper sample collection, handling, storage and transportation may results in false negative results.
3. Sensitivity of this test depends on the quality of the sample submitted for the testing.

Checked by:

Counter-Checked by:

DR. PARESH MARATHE
M.D. (Path)

DR. ASMITA SAKLE
M.D. (Microbiology)

DR. MAYUR TAMHANE
Ph.D. (Appl. Biology)



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12, New Marine Lines, Mumbai - 400 020. Tel.: 2206 7676
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Patient Name : Master THAKKAR JEET AMIT Age : 15 Yrs 9 Mths IP/OP No : 2355417
Referred By : Dr. N.H. BANKA Sex : M Bed No : 8054
Date : 19/05/2023 Ward : 8 FL NW Lab No : 832224
User ID : ARG 19/05/2023 12:55

NATURE OF SPECIMEN : BLOOD

832225
832228

TEST	RESULTS	NORMAL RANGE
ALBUMIN	2.20	3.4 to 5.0 gm. %

MAGNESIUM	1.60	1.8 - 2.4 mg%
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TEST	RESULT	REFERENCE INTERVAL
SODIUM	135	137 - 150 mEq/L
POTASSIUM	5.10	3.5 - 5.3 mEq/L
CHLORIDE	102	99 - 111 mEq/L

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Counter-Checked by:

DR. PARESH MARATHE
H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
M.D. (Path)

DR. RUPALI PARIKH
M.D. (Path)

DR. PUSHKAR GADKARI
M.D. (Path)



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DEPARTMENT OF PATHOLOGY



Patient Name :	Master THAKKAR JEET AMIT	Age :	15 Yrs 9 Mths	IP/OP No :	2355417
Referred By :	Dr. N.H. BANKA	Sex :	M	Bed No :	8054
Date :	19/05/2023	Ward :	8 FL NW	Lab No :	832043
User ID :	BGA 19/05/2023 10:38				

NATURE OF SPECIMEN : BLOOD

. C-REACTIVE PROTEIN
(CRP BY IMMUNOTURBIDIMETRY)

PATIENT VALUE

REFERENCE INTERVAL

153.20

Less than 5 mg/L

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DR. PARESH MARATHE
H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
M.D. (Path)

DR. RUPALI PARIKH
M.D. (Path)

DR. PUSHKAR GADKARI
M.D. (Path)



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DEPARTMENT OF PATHOLOGY



Dr. (Mrs) Asmita S. Sakle

M.D. (Microbiology), Incharge Microbiology

MMC Reg. No : 2000/02/0568

Patient Name :	Master THAKKAR JEET AMIT	Age :	15 Yrs 9 Mths	IP/OP No :	2355417
Referred By :	Dr. N.H. BANKA	Sex :	M	Bed No :	8054
Date :	19/05/2023	Ward :	8 FL NW	Lab No :	832355
User ID :	BGA 19/05/2023 15:15				

COVID-19 RAPID ANTIGEN TEST
(By rapid chromatographic immunoassay)

RESULT : **NEGATIVE**

INTERPRETATION :

Negative: No detectable level of SARS-CoV-2 antigen. The result does not rule out SARS-CoV-2 infection. It must be tested sequentially by RT-PCR to rule out infection in symptomatic patients.

Positive: Presence of detectable SARS-CoV-2 antigen. It should be considered true positive
Positive test results do not rule out co-infections with other pathogen.

REMARKS :-

Results are checked with appropriate controls.

The test result must always be evaluated with other data available to the physician.

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DR. PARESH MARATHE
H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
M.D. (Path)

DR. RUPALI PARIKH
M.D. (Path)

DR. PUSHKAR GADKARI
M.D. (Path)

Patient Name :	Master THAKKAR JEET AMIT	Age :	15 Yrs 9 Mths	IP/OP No :	2355417
Referred By :	Dr. N.H. BANKA	Sex :	M	Bed No :	8054
Date :	19/05/2023	Ward :	8 FL NW	Lab No :	811909
User ID :	ADITYA 19/05/2023 09:36				

NATURE OF SPECIMEN : BLOOD

TEST	RESULTS	REFERENCE INTERVAL
Erythrocytes	5.08	4.5 -5.5 (Mill/C.mm.)
Haemoglobin	14.60	13 - 17 (g/dl)

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Bombay Hospital Trust
 12, New Marine Lines, Mumbai - 400 020. Tel.: 2206 7676
DEPARTMENT OF PATHOLOGY



DR. PARESH MARATHE
 H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
 M.D. (Path)

DR. RUPALI PARIKH
 M.D. (Path)

DR. PUSHKAR GADKARI
 M.D. (Path)

Patient Name : Master THAKKAR JEET AMIT
Referred By : Dr. N.H. BANKA
Date : 19/05/2023
User ID : ADITYA 19/05/2023 09:30

Age : 15 Yrs 9 Mths
Sex : M
Ward : 8 FL NW

IP/OP No : 2355417
Bed No : 8054
Lab No : 832040

COMPLETE BLOOD COUNT

TEST	RESULT	REFERENCE INTERVAL
Erythrocytes	4.11	4.5 - 5.5 (Mill/C.mm.)
Haemoglobin	11.50	13 - 17 (g/dl)
Haematocrit	35.40	40 - 50 (Percent)
M.C.V.	86.20	83 - 97 (fl)
M.C.H.	28.00	27 - 32 (pg)
M.C.H.C.	32.50	31 - 35 (g/dl)
R.D.W.	15.30	11.6 - 14 (percent)
Total Leucocyte Count	26900	4000 - 10,000/C.mm

Differential Leucocyte Count

Neutrophils	92 %	40 - 80%
Segmented forms	89%	
Band Forms	03%	
Eosinophils	00%	01 - 06%
Basophils	00%	00 - 02%
Lymphocytes	05%	20 - 40%
Monocytes	03%	02 - 10%
Metamyelocytes	%	
Myelocytes	%	
Promyelocytes	%	
Blasts	% %	
Abnormalities of Erythrocytes:-	Nil	

Abnormalities of Leucocytes:- Nil

Platelet Count 940000 150000 to 500000 / c.mm.
 Markedly Increased

Remarks:-

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DEPARTMENT OF PATHOLOGY



Patient Name : Master THAKKAR JEET AMIT
Referred By : Dr. N.H. BANKA
Date : 19/05/2023
User ID : ADITYA 19/05/2023 09:47

Age : 15 Yrs 9 Mths
Sex : M
Ward : 8 FL NW

IP/OP No : 2355417
Bed No : 8054
Lab No : 832042

TEST	RESULTS	REFERENCE INTERVAL
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PROCALCITONIN (PCT-Q)
(Cobas e411)

2.44 < 0.05 ng/ml

PCT-Q VALUES

INTERPRETATIONS

(A) 0.05 - < 0.5 ng/ml.

Minor or no significant
Systemic inflammatory response.

(B) 0.5 - < 2.0 ng/ml

Moderate systemic inflammatory
response. Infection is possible
Follow up of PCTQ levels
recommended (6-24 Hrs.)

(C) >2 - 10 ng/ml.

Severe systemic inflammatory
response. Most likely due
to sepsis, unless other causes
are known. High risk of developing
organ failure. Daily measurement of
PCTQ levels recommended.

(D) > 10 ng/ml.

Systemic inflammatory response due to
severe bacterial sepsis. Frequently
associated with organ dysfunction
Daily measurement of PCT levels recommended

Remarks:-

Please note that PCT-Q values differ for neonates less than 3 years old
PCT levels can be increased in certain situations without infectious origin
These include, but are not limited to :

Prolonged or severe cardiogenic shock

Prolonged severe organ perfusion anomalies

Small cell lung cancer or medullary cell carcinoma of the thyroid.

Early after major trauma, major surgical intervention, severe burns,

treatments which stimulate the release of pro-inflammatory cytokines.

For diagnostic purposes, the results should always be seen in conjunction
with the patients medical history, clinical examination and other findings

Please also Note :

In-patients receiving therapy with high doses of biotin (i.e. more
than 5 mg/day), no samples should be taken until at least
8 hours after the last Biotin administration. Kindly correlate
results with clinical findings if patient is on Biotin therapy

Checked by:

Counter-Checked by:

DR. PARESH MARATHE
H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
M.D. (Path)

DR. RUPALI PARIKH
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DR. PUSHKAR GADKARI
M.D. (Path)



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DEPARTMENT OF PATHOLOGY



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M.D. (Path)

Patient Name : Master THAKKAR JEET AMIT Age : 15 Yrs 9 Mths IP/OP No : 2355417
Referred By : Dr. N.H. BANKA Sex : M Bed No : 8054
Date : 18/05/2023 Ward : 8 FL NW Lab No : 831801
User ID : ADITYA 19/05/2023 06:49

COMPLETE BLOOD COUNT

TEST	RESULT	REFERENCE INTERVAL
Erythrocytes	4.04	4.5 - 5.5 (Mill/C.mm.)
Haemoglobin	11.50	13 - 17 (g/dl)
Haematocrit	34.80	40 - 50 (Percent)
M.C.V.	86.00	33 - 97 (fl)
M.C.H.	28.40	27 - 32 (pg)
M.C.H.C.	33.10	31 - 35 (g/dl)
R.D.W.	15.20	11.6 - 14 (percent)
Total Leucocyte Count	16200	4000 - 10,000/C.mm

Differential Leucocyte Count

Neutrophils	83 %	40 - 80%
Segmented forms	82%	
Band Forms	01%	
Eosinophils	01%	01 - 06%
Basophils	00%	00 - 02%
Lymphocytes	10%	20 - 40%
Monocytes	06%	02 - 10%
Metamyelocytes	%	
Myelocytes	%	
Promyelocytes	%	
Blasts	%	

Abnormalities of Erythrocytes:- Mild Hypochromasia

Mild Anisocytosis

Abnormalities of Leucocytes:- Nil

Platelet Count 1006000 150000 to 500000 / c.mm.
Markedly Increased

Remarks:-

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Patient Name : Master THAKKAR JEET AMIT Age : 15 Yrs 9 Mths IP/OP No : 2355417
Referred By : Dr. N.H. BANKA Sex : M Bed No : 8054
Date : 18/05/2023 Ward : 8 FL NW Lab No : 831938
User ID : ADITYA 19/05/2023 07:39

TEST	RESULT	REFERENCE INTERVAL
SODIUM	* 128	137 - 150 mEq/L
POTASSIUM	* 5.40	3.5 - 5.3 mEq/L
CHLORIDE	95	99 - 111 mEq/L

* REPEATED

Checked by:
Counter-Checked by:

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M.D. (Path)

Patient Name : Master THAKKAR JEET AMIT
Referred By : Dr. N.H. BANKA
Date : 18/05/2023
User ID : ADITYA 19/05/2023 06:55

Age : 15 Yrs 9 Mths
Sex : M
Ward : 8 FL NW

IP/OP No : 2355417
Bed No : 8054
Lab No : 831934

NATURE OF SPECIMEN : BLOOD

<u>TEST</u>	<u>RESULTS</u>	<u>REFERENCE INTERVAL</u>
Erythrocytes	4.72	4.5 -5.5 (Mill/C.mm.)
Haemoglobin	13.40	13 - 17 (g/dl)

Checked by:

Counter-Checked by:

PATHOLOGIST



MEDICAL RESEARCH CENTRE
Bombay Hospital Trust
12, New Marine Lines, Mumbai - 400 020. Tel.: 2206 7676
DEPARTMENT OF PATHOLOGY



Patient Name :	Master THAKKAR JEET AMIT	Age :	15 Yrs 9 Mths	IP/OP No :	2355417
Referred By :	Dr. N.H. BANKA	Sex :	M	Bed No :	8054
Date :	19/05/2023	Ward :	8 FL NW	Lab No :	832041
User ID :	ADITYA 19/05/2023 09:44				

NATURE OF SPECIMEN : BLOOD

TEST	RESULTS	NORMAL RANGE
CREATININE	0.70	0.6 to 1.3 mg %


Checked by:

DR. PARESH MARATHE
H.O.D. M.D. (Path)

DR. RICHA BHARTIYA
M.D. (Path)

DR. RUPALI PARIKH
M.D. (Path)


Counter-Checked by:
DR. PUSHKAR GADKARI
M.D. (Path)



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DEPARTMENT OF PATHOLOGY



Patient Name : Master THAKKAR JEET AMIT Age : 15 Yrs 9 Mths IP/OP No : 2355417
Referred By : Dr. N.H. BANKA Sex : M Bed No : 8054
Date : 19/05/2023 Ward : 8 FL NW Lab No : 832223
User ID : ARG 19/05/2023 13:17

PROTHROMBIN TIME (P.T)
Sample : Citrated Plasma

TEST	VALUE	UNIT	NORMAL RANGE
Patients Value	19.20	sec	11.0 - 13.0
Control (MNPT)	12.00	sec	
Index	62.50	%	
Ratio	1.60		
INR	1.65		Normal population : 0.8 - 1.2 Standard Therapy : 2.0 - 3.0 High Dose Therapy : 3.0 - 4.5

Comments:

1. This assay is used to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen, control long term oral anticoagulant therapy and evaluation of liver function.
2. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Prolonged INR suggests potential bleeding disorder/bleeding complications.
3. Results should be clinically correlated.

Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0 - 3.0:

1. Treatment of Venous thrombosis & Pulmonary embolism
2. Prophylaxis of Venous thrombosis (High risk surgery)
3. Prevention of systematic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation
4. Bileaflet mechanical valve in aortic position

INR 2.5 - 3.5:

1. Mechanical prosthetic valves
2. Systematic recurrent emboli

Checked by:

Counter-Checked by:

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Patient Name :	Master THAKKAR JEET AMIT	Age :	15 Yrs 9 Mths	IP/OP No :	2355417
Referred By :	Dr. N.H. BANKA	Sex :	M	Bed No :	8054
Date :	19/05/2023	Ward :	8 FL NW	Lab No :	832444
User ID :	BGA 19/05/2023 17:04				

NATURE OF SPECIMEN : BLOOD

TEST	RESULTS	REFERENCE INTERVAL
Erythrocytes	3.79	4.5 -5.5 (Mill/C.mm.)
Haemoglobin	10.60	13 - 17 (g/dl)

Checked by:
Counter-Checked by:

PATHOLOGIST