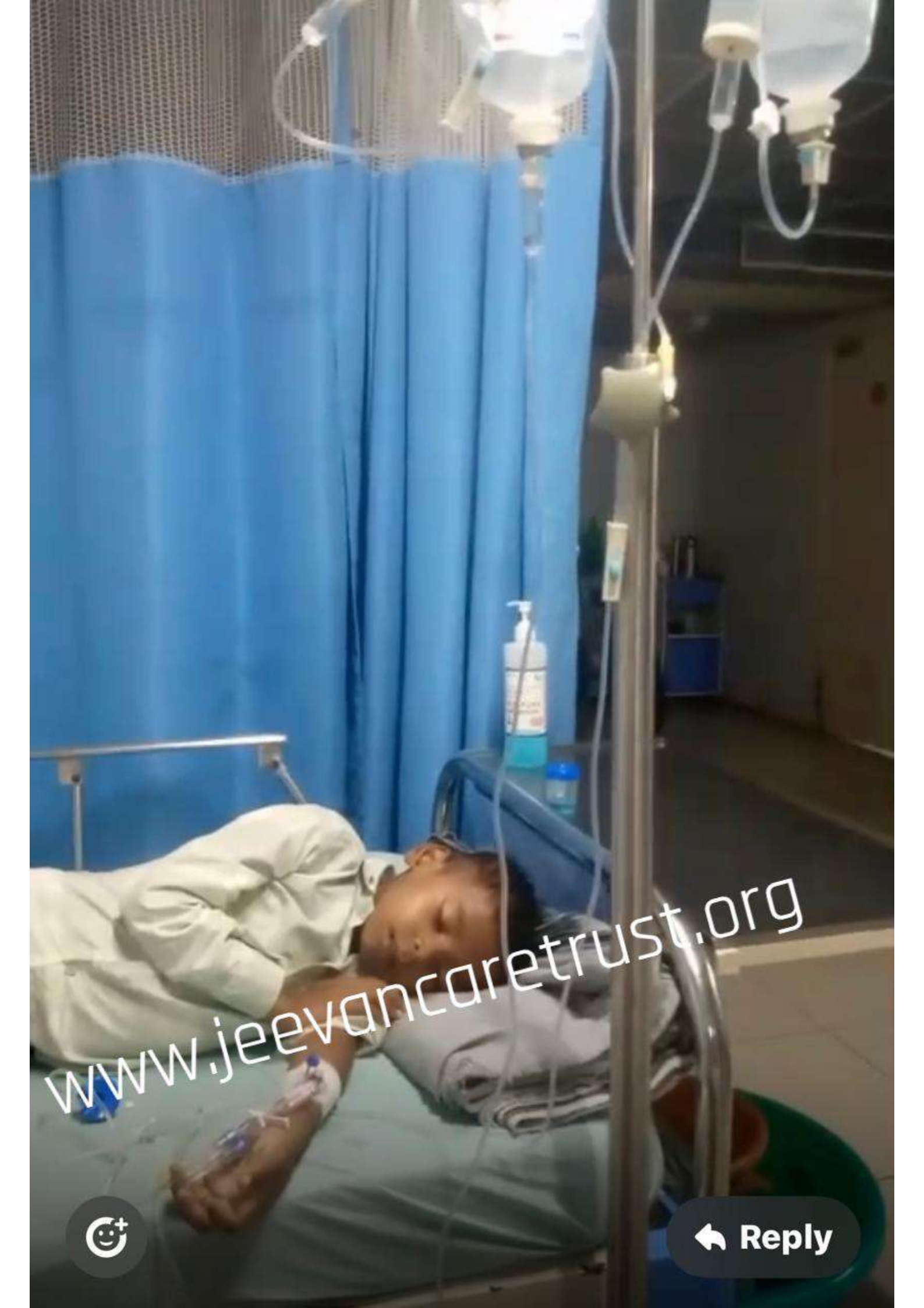




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Reply

Ix
CBC with GfP
LFT, KFT, S.E.
Ca²⁺, ~~Phosphorus~~, Phosphorus
Vital Markers,
CXR - PA view

Adx
IVF (DNS @ 110 ml / hr
DMF
- Tab Allopurinol 100mg - 3
- Inj Magnax 900mg I.V.
- Inj PCM 350mg I.V.
- Admit in PHO day

Dev
CR-M-202503708021
9041653318

Cont. funding

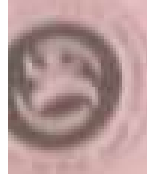
- 1) ~~दवा~~ की मात्रा 0.15
- 2) पानी-मारी मात्रा 500
- 3) आयु अंतर 45-55 वर्षीय $\rightarrow 34,000$ (रु.दि.)
 $\times$
 $\underline{45-46,000}$ (रु.दि.)
- 4) नमूने की मात्रा (2)

Dr. Kishor
29/8/2025

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[illegible][illegible]

1. *What is the purpose of the study?*
 2. *What are the research objectives?*
 3. *What are the research questions?*
 4. *What are the hypotheses?*



POST GRADUATE INSTITUTE OF CHILD HEALTH

बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Sector-30, Rohtak, G.B. Nagar (U.P.) Pin-201 001, भारत. (संस्था) पोस्टग्रेड इंस्टीट्यूट ऑफ चिल्ड्रन हेल्थ

ALL REGISTRATIONS OVERSICURE UNDER SUPERVISION OF U.P. & INDIA. ALSO, MEDICAL AND NURSING REGISTRATION

Admission 10/8/18 Page No. 28157

DOB 10/8/2015
Age 2.1 yrs
Height 126 cm
Weight 61.50 kg

C/O Fever & Abdominal distension 1.5-2 monthly

C.O.W → SR on duty & Dr. Adh. Maran

Temp 103.4 F
HR 158/min
RR 32
SpO₂ 90% on RA
P. Volume → good

PIA → Spleen → 20 cm BCM
Liver → 8 cm BCM
Distended, RS @

R/S → B/L ARE @, (Lus)
CUS → (WNL)
CNS → (WNL)

Follow-up patient
I → ent
LME → multiple
Scleroderma-like
Consistent organ

Ref. Refused from PGI Chandigarh for
Suspicion of Hx/CML blood tests

Last CBC on 15/08/2015

8.6 } 20,100 < 13000 → FC
34 / 23 / 36 Transfused



नोट:-

- 1) निम्नलिखित विवरण ध्यान से पढ़ें।
- 2) यदि कोई भी व्यक्ति इस डॉक्यूमेंट को किसी भी प्रकार से प्रसारित करता है, तो उसे सख्त सजा दी जाएगी।
- 3) यह डॉक्यूमेंट केवल चिकित्सा उद्देश्यों के लिए है।

24x7 Emergency Contact No. 0120-2458000



POST GRADUATE INSTITUTE OF CHILD

SECTOR 30 NOIDA, NOIDA-201303, UT

PHONE :911202500600

NAME : DEV

CATEGORY : GENERAL

CR No. : 981162500351572

Bill No. : 981164250066

STUDENT : --

IPD No. : 9811620250091

DEPARTMENT : PEDIATRIC HAEMATOONCOLOGY/PAEDIATRIC HEMATO ONC

SN

SERVICE

RF

AUTOMATED BACTERIAL CULTURE (AEROBIC)
AND SENSITIVITY - BLOOD (BACTERIUMING)
(MIC013)

S

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AMOUNT PAID (IN WORD) : SIX HUNDRED SIXTY ONLY

MODE OF PAYMENT : CASH

PAYMENT DETAILS : CASH : (AMT::660)

INVESTIGATION ORDERED

ISSUING DRUGS OR
EQUIVALENT GENERIC DRUGS

नेहरु चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No. : 2025 0370 8021 Date : 11-06-2025 19:18
Name : DEV
Ph. No :
Age/Sex : 10 Y/M Category : GENERAL
Father Name: Vipin
Address : unn unn
Shamli Uttar Pradesh India
Department : Pediatric Medicine (E N G P N D)
Unit/Consult: JM
File No : EMGPMD19761R

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS
तारीख व दस्तावेज DATE & INITIALS
बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

CTIONS ONLY
l.gov.in पर उपलब्ध है।
er.edu.in/ ors.gov.in

kindly make file b

ACCB b profit ragashu





GANESH CLINICAL LAB

(Fully Computerized Lab)

Near Animal Hospital, Vill. Karhans, Panipat
E-mail : randeepsharma780@gmail.com

Randeep Kumar
9671117750
9991866218



PATIENT NAME : Master, DEV

AGE/SEX : 09 Y/M

LAB NO: -1127

ANALYSIS DATE & TIME :-20-06-2025

REFERRED BY DR:-DR.SELF

REPORT STATUS:- FINAL



IMMUNOLOGY & SEROLOGY INVESTIGATIONS

MALARIA BY CARD METHOD

PV NEGATIVE -
PF NEGATIVE -

[METHOD: immunochromatograph]

NOTE: the malaria pv/pf test will only indicate the presence of antibodies in the specimen and should not be used as the sole criteria for the diagnosis of malaria p.v/p.f infection. If the test result is negative and clinical symptom is persist. Addition testing using other clinical method is recommended. A negative result can not at any time conclude the possibilities of malaria pv/pf infection. When id bioline malaria pv/pf test has been compared with the results confirmed by microscopy exam the overall accuracy is greater or equal to 97%.

WIDAL [SLIDE METHOD]

POSITIVE

	1/20	1/40	1/80	1/160	1/320
[TYPHI:O]	+	+	+	+	-
[TYPHI:H]	+	+	+	-	-
[TYPHI:AH]	+	+	-	-	-
[TYPHI:BH]	+	-	-	-	-

RESULT-TO -1:160 ,TH -1:80

Titer > 160 is significant and suggestive of recent infection.
The Widal test is positive if TO antigen titer is more than 1:160 in an active infection, or if TH antigen titer is more than 1:160 in past infection or in immunized persons. 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 fourfold 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 le

Lab Technician

***** END OF REPORTS *****

This is a professional Opnion, It may kindly be-related clinically
This report is for Pursual Doctor Only, not for medico-legal cases.

Timing
8.00 am to 8.00 pm