





SAVIOUR
FOUNDATION

M.L. HOSPITAL

INTEGRATED COUNSELLING & TESTING CENTRE
 HIV TEST REPORT FORM

(Form to be filled in duplicate)

Address of ICTC centre: C-2B JSSH
 Name: Devi Middle Name: _____ First Name: Pinku
 Age: 35 Years Lab ID# 02
 Date blood drawn: 23/05/20 (DD/MM/YY) 9:20 AM (HH-MM)

Type used for testing: Serum / Plasma / Whole Blood
 Date specimen tested: 23/5/20 (DD/MM/YY) 11:30 AM (HH-MM)

Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
 No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
HIV test kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
<u>Serum</u>	<u>Non reactive</u>	<u>Non reactive</u>	<u>Non reactive for HIV antibodies</u>

Interpretation of the result: Tick (✓) relevant
 () is negative for HIV antibodies
 () is positive for HIV-1 antibodies
 () is positive for HIV-1 antibodies (HIV 1 and HIV 2, or HIV 2 alone)
 () is indeterminate for HIV antibodies. Collect fresh sample in two weeks.
 () is HIV-2 sero-status at identified referral laboratory through ART centres

[Signature]
 Name & Signature
 Laboratory In-charge

301

Urgent

NH-5089
फार्म संख्या 3 (H)
FORM NO. 30

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
सूक्ष्म जीव विज्ञान विभाग
DEPARTMENT OF MICROBIOLOGY

261512

नाम
NAME PINKI

आयु
AGE

लिंग
SEX

पंजीकरण सं०
REGN. No. 24901

बहिरंग रोगी विभाग/वार्ड
OPD/WARD 17

विस्तर सं०
BED No.

युनि
UN

नमूने का प्रकार
NATURE OF SPECIMEN



SAVIOR
FOUNDATION

नमूने लेने की तारीख और समय
DATE & TIME OF COLLECTION

अपेक्षित जांच
INVESTIGATION REQUIRED

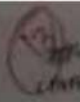
HBsAg, Anti-Hcv

TECHNICAL NOTES:—

1. Presenting symptoms with duration
2. Previous reports on similar material with date & Lab. No.
3. Antibiotic therapy
4. Prev. diagnosis

DUPLICATE FORMS WILL NOT BE ACCEPTED

SIGNATURE & NAME
[Signature]



डॉ. राम मनोहर लोहिया अस्पताल
(Rajendra Besan)

एक्स-रे/अल्ट्रासाउंड रिपोर्ट
X-RAY/ULTRASOUND REPORT

Dr. Ram Manohar Lohia Hospital
(Department of Radiology)

एक्स-रे/अल्ट्रासाउंड की जांच के लिए मांग पत्र
X-RAY/ULTRASOUND REQUISITION

यूनिट का नाम
Name of Unit **Nephro**

रोगी का नाम
Name of Patient **PINICI**

CGHS Card No. **24901**

वार्ड/ओपीडी
Ward/O.P.D. **17**

ब्रीफ क्लिनिकल नोट्स
Brief Clinical Notes **CKD**

रिपोर्ट नंबर
Report No. **35**

आयु/लिंग
Age/Sex **35**

आयु/लिंग
Age/Sex **35**

आयु/लिंग
Age/Sex **35**

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Age/Sex **35**

आयु/लिंग
Age/Sex **35**

Urology - Abdomen
27/5/20

Liver - (Small) calcified @ size
in size / include

GB - distended, lumen calcified

pancreas - head @, rest obscured

Spleen - 10.6 cm @ size & echotexture

kidney - small, calcific

calyx, calc. loss
no Hx/Calculus

Rk 7 x 2.8 cm / approx.
Lk 7.3 x 3 cm

UB - empty
no crystals / LAP

Imp - Fxlo @
Medial renal
mass

Dr. V. Singh
(Rajendra Besan)
Dr. K. Singh



SaviourFoundation.org

CONTINUATION CHART

Ward No. / Room No. / Bed No.

Write here all Patients Daily Notes and Treatment

Date

License No. 78893
DR. RAM MANOHAR LOHIA HOSPITAL
 New Delhi-11001

Name of Patient Pink
 Ward & Bed No. W-17
 C.R. No. 24901
 Blood Bag No. 5483
 Unit Incharge Dr H.S.H
 Cross matching done & Found Compatible with sample.

Signature of Lab Technician issuing the blood [Signature]
 Date & time of issue 29/5/20 4:30

28/5/20

 **SAVIOUR FOUNDATION** Dr. [Signature]

Issues :
 1) Permanent catheter & perfusion catheter for creation

2) PR counseling.

3) Urine
 vitals
 urine R/S

[Signature]
 SR-nephro

4) Vaccination Hpb, Inj. S, Pneumonia

Blood Sample

GCSA MEDICAL WORKS 2005423

फार्म संख्या 3 (III)
FORM NO. 3(III)

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
सूक्ष्म जीव विज्ञान विभाग
DEPARTMENT OF MICROBIOLOGY

V-5397
27-05-2020

2615/20

नाम
NAME PINICI

आयु
AGE 35

लिंग
SEX F

पंजीकरण सं.
REGN. No. 29901

बहिरंग रोगी विभाग/वार्ड
OPD/WARD 17

बिस्तर सं.
BED No. 35

यूनिट
UNIT

नमूने का प्रकार
NATURE OF SPECIMEN



SAVIOUR FOUNDATION

नमूने लेने का तारीख और समय
DATE & TIME OF COLLECTION

अपेक्षित जांच
INVESTIGATION REQUIRED HIV

Handwritten symbols: F, G, H

CLINICAL NOTES:-

1. Presenting symptoms with duration CPD
2. Previous reports on similar material with date & Lab. No.
3. Antibiotic therapy
4. Prev. diagnosis

COMPLETE FORMS WILL NOT BE ACCEPTED

SIGNATURE & DESIGNATION

Saviour Foundation

Licence No. 76852

DR. RAM MANOHAR LOHIA HOSPITAL

New Delhi-110001

Name of Patient Piyki

Ward & Bed No. W-17 J

C.R. No. 24901 J

Blood Bag No. 5483 J

Unit Incharge Dr H.S.M

Cross matching done & Found Compatible with sample.

Signature of Lab Technician issuing the blood [Signature] 07ve

Date & time of issue 29/5/20 4830

28/5/20

ChasD. (drops intake) / liter Bp: 220



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FOUNDATION

Wines :

1.) Permanent valve < Perma Catheter
aces < Arf action

2.) Ret counselling.

3.) Work
rem chs
use of suit

[Signature] (Kudat)
SR engler

4.) Vaccination HepB, injun & previous

[Signature] (Kudat)
SR engler

पति के

आपने दिनांक और विवरण/Daily Notes and Treatment

आहार/Diet

Chief Complaint / Appetite & vomiting - 3m

History: H/O STD 2yr / CKD since 1yr / adenoma

H/O on dial = 3 times a week

Now com = clo ↓ appetite & nausea & vomiting

no h/o swelling of leg - SOB, Lvs

Path: H/O HTN no h/o DM / OVA / CAD / PCD / UTI

Family: - Osteoporosis in Pals 4



Smoking: none

St. passed stool

Bp: 130/80

Wt 65 kg

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For Need dialysis. 2/15h

AVF making

DLIC Insertions

Hb 6.7

TC 5.2

K 4.6

Boy - 7-20

Ca²⁺ - 7-90

sr Anaemia / CRF stage

sr Iron 99

Urea - 230
Sc 14.6

DNL and 10.4

↑ ↑ ↑ 208000 IU/lc

- ①
- ②

DR. S. P. ... ANCHAL ...
District ...
Signature



HIV
HbA1c
AntiHCV

HCV RNA Quantitative

Requisition for Dialysis

Case ③

2



NAME: Mrs. PINKI DEVI	OPD NO. 252163
AGE: 35 Y/Female	IPD NO.
LABORATORY CODE NO. 10195794	COLLECTION DATE/TIME 18/May/2020 09:23AM
012005180035	REPORTING DATE/TIME 20/May/2020 09:51AM
DEPARTMENT: Nephrology	

Result	Bio. Ref Interval	Unit
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CLINICAL BIOCHEMISTRY

CALCIUM

Serum	7.90	8.6-10.2	mg/dL
	99.00	Male 65-175ug/dl Female 50-170ug/dl	ug/dl

LIVER FUNCTION TEST (SERUM)

Total BILIRUBIN	0.6	0.0-2.0	mg/dL
Direct BILIRUBIN	0.3	0.00 - 0.40	mg/dL
Indirect BILIRUBIN	0.3	0.10-1.00	mg/dL
AST (ASAT), Serum	9	0.00-31.0	IU/L
ALT (ALAT), Serum	6	0.0-34.0	IU/L
Alkaline Phosphatase (ALP), Serum	160.0	42.0-98.0	U/L
Albumin	7.3	6.4-8.3	g/dL
Gamma-GT (GGT), Serum	4.2	3.4-5.2	g/dL
Protein	3.1	2.00-4.1	g/dL
Protein	1.4	1.2 - 1.8	Ratio

AKANKSHA SHUKLA

Dr. Akanksha Shukla
Senior Resident
(Biochemistry)
D&C Reg. No. 40000



JANAKPURI SUPER SPECIALITY HOSPITAL SOCIETY
(AN AUTONOMOUS INSTITUTE)
UNDER GOVT. OF NCT OF DELHI
C-2B, JANAKPURI, NEW DELHI - 110058

Website: www.jsssh.org Website: www.health.delhigovt.nic.in
 Email: janakpurijssh@yahoo.com Contact us: 011-28504100

Laboratory Services

NAME: Mrs. PENKI DEVI
 AGE/GENDER: 35 Y/Female
 SAMPLE BARCODE NO: 10195794
 LAB NO: 012005180035
 REFERRED BY: Nephrology
 OPD NO: 252163
 IPD NO:
 COLLECTION DATE/TIME: 18/May/2020 09:23AM
 REPORTING DATE/TIME: 19/May/2020 10:01AM

Test Name	Result	Bio. Ref Interval	Unit
Eosinophils <small>Flow Cytometry</small>	2.70	1.0-6.0	%
Basophils <small>Flow Cytometry</small>	0.70	0.0-2.0	%
Absolute Neutrophil Count <small>Automated Cell Counter</small>	5.70	2.0-7.0	$\times 10^3/uL$
Absolute Lymphocyte Count <small>Automated Cell Counter</small>	1.90	1.0-3.0	$\times 10^3/uL$
Absolute Monocyte Count <small>Automated Cell Counter</small>	0.50	0.2-1.0	$10^3/uL$
Absolute Eosinophil Count <small>Automated Cell Counter</small>	0.20	0.02-0.5	$10^3/uL$
Absolute Basophil Count <small>Automated Cell Counter</small>	0.10	0.02-1.0	$10^3/uL$
Reticulocyte Count <small>Infant and children 0.5 - 2.5 % Adults (Full term, cord blood) 2 - 5 %</small>	3.5 (corrected)	0.5-2.5	%



Comments:
 Increased percentage of reticulocyte is seen in neonatal period, pregnancy, ascent to high altitude, response to hemorrhage or haemolysis, shock or hypoxia, replacement of iron, Vit B12 or folic acid in a deficient case, recovery in bone marrow failure or suppression, bone marrow infiltration and idiopathic myelofibrosis.
 Increased percentage of reticulocytes is seen in suppression of erythropoiesis eg. by infection or inflammation, pure red cell aplasia, aplastic anemia and ineffective erythropoiesis.
 Density low: Moderate aniso-poikilocytosis. Normocytic normochromic red cell seen with occasional macrocytes.



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C-2B, JANAKPURI, NEW DELHI - 110058

Website: www.jsshs.org Website: www.health.delhigovt.nic.in
Email: janakpurijssh@yahoo.com Contact us: 011-28504100

Laboratory Services

NAME	: Mrs. PINKI DEVI	OPD NO.	252163
AGE/GENDER	: 35 Y/Female	IPD NO.	:
SAMPLE BARCODE NO.	: 10195794	COLLECTION DATE/TIME	: 18/May/2020 09:23AM
LAB NO.	: 012005180035	REPORTING DATE/TIME	: 20/May/2020 09:51AM
REFERRED BY	: Nephrology		



Result SAVIOUR Bio. Ref Interval Unit
FOUNDATION
CLINICAL BIOCHEMISTRY

ELECTROLYTES, SERUM

Test Name	Result	Bio. Ref Interval	Unit
Sodium	142.4	136.0-145.0	meq/l
Potassium	4.6	3.5-5.0	mmol/l
Chloride	104.70		
Phosphorous	7.20	2.5-4.5	mg/dl

MO. LYBDATE



DISCHARGE SUMMARY

NAME-PINKI DEVI	AGE/SEX-35/F	WARD- 17	BED-35
U/C of - DR HS MAHAPATRA	CR NO-202024901	DOA-26/05/2020	DOD-29/05/2020

DIAGNOSIS-
CKD 5D/77 CGN [DIALYSIS INITIATED]

History of Present Illness

K/c/o CKD 5D since 2 YEARS comes with r/o decreased appetite, nausea, vomiting
Past history: k/co HTN
Not a k/co DM/TB/CAD/CVA/ RSD/REC. UTI.

ON EXAMINATION-

GENERAL CONDITION- Stable
BP- 140/90 mm Hg. PR- 86 per minute RR- 20 per minute Afebrile
SPO2- 99% on INO2
PALLOR+/ ICTERUS- / CYANOSIS- / CLUBBING- / Ped edema+/ TEMP- / Lapathy-
R/S-NAD
CVS- S1, S2 Normal. No Audible Murmur.
P/A- , Soft, Non Tender, No Palpable Organomegaly
CNS- Patient Is conscious, cooperative & oriented.



COURSE DURING HOSPITALISATION-

patient initiated on HD with right IJV ACCESS with 1 unit PRBC transfusion. Explained regular permanent vascular access. Pt was not affordable for permacath catheter. Modes of RRT int
ansplantation explained.
now discharged with below advice

CONDITION AT DISCHARGE- Afebrile, stable

DISCHARGE INSTRUCTIONS-

1. restricted diet
2. NO NSAIDS/ Any other nephrotoxic drug.

VACCINATION-

- 1. MHD 2/Week From suitable hospital (2 sessions of HD from RMLH)
- 2. AVF creation
- 3. Inj Genevac B 2ml (1ml IM each deltoid) 0,1,2,6 month
- 4. Inj Floquadri 0.5ml IM
- 5. IN] Prevenar 13 0.5 ml IM (2 months LATER) → IN] Pneumovac 23 1.5 ml s/c
- 6. IN] IRON SUCROSE 100 MG IV POST HD 1 MONTH
- 7. TAB. B COMPLEX OD
- 8. T. Folvite 5 mg OD
- 9. T. Sevelamer 400 mg TI
- 10. T. Pan 40 mg OD
- 11. T. J Pan 40 mg OD
- 12. INJ EPO 4000 S/C 2 /W
- 13. T. CALCIUM 500MG BD