PATIENT NAME	MRS. AFSANA MOMIN	AGE /SEX	33 YEARS/ F
REG. NO.	2025030116	DATE	07-03-2025
REF. BY	QUEENS HOSPITAL		

- The AP dimensions of spinal canal at disc levels are as follows: -
- L1-L2= 0.5 CM, L2-L3= 05.4 CM, L3-L4=0.7, L4-L5=0.8 CM, L5-S1= 0.8 CM
- suggestive of mild canal stenosis at all level.

- Screening of the cervical spine shows spondylosis with degenerative disc at all levels and mild posterior disc herniation at C5-C6 and C6-C7 levels indenting thecal sac however no significant cord compression or canal compromise.

IMPRESSION: - M.R.I. reveals ...

- ❖ Extensive destruction of L1, L2 vertebral bodies with partial destruction of endplates of T12, L3 and L4 vertebrae with significant surrounding marrow oedema, involvement of intervening inter vertebral disc, and resultant focal gibbus deformity in the dorsolumbar spine
- ❖ Marrow oedema with altered signal intensity involving T10, T11, L5 and S1 vertebral bodies, right sacral ala and bilateral sacroiliac joints.
- ❖ Intervertebral disc at the level of T10-T11, T11–T12, T12-L1, L1-L2, L2-L3, L3-L4 and L4-L5 complicated with epidural abscess causing mild to moderate lumbar canal stenosis, crowding of cauda equina nerve roots and compressing bilateral traversing and exiting nerve roots at these levels.
- ❖ Abnormal hyperintense anterior epidural soft tissue at extending from T10-L4 vertebral levels with maximum thickness of 8mm compressing the adjacent spinal canal at the level of T12-L1 and causing spinal canal stenosis (diameter of 7mm). Soft tissue extending through bilateral exiting neural foramina's in to adjacent para vertebral regions.
- ❖ Heterogenous hyperintense soft tissue with extensive intercommunicating enhancing pockets of collection or seen in adjacent pre and bilateral para vertebral regions with associated large hyperintense collections within bilateral psoas muscles collectively measuring 21 x 6.5 x 5.9 cm on the right and 23 x 6.0 x 6.8 cm on the left. Collection is seen extending along bilateral iliacus muscles.
- ❖ Abnormal enhancing collection extending posteriorly in the paraspinal region with extensive oedema in the paraspinal muscles.
- ❖ Bilateral mild pleural effusion.

PUNE

- 1st Floor, Vasundhara Space, Nagras Rd, Near Rahul Restaurant, Ward No. 8, Aundh, Pune-411007.
  Mob.: +91 9004696404

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  Tel.: 020-2970 8387 / 8397
  Mob.: +91 91686 82277 / 2288

- Gr.Floor, Sonigara Landmark, Chatrapati Chowk, Kaspate Wasti, Wakad, Pune- 411057.
  Mob.: +91 7066905004

MUMBAI & THANE

- 101-106, Kothari Heights, D B Marg, Opp. Reliance SMART, Mumabi Central (W), Mumbai - 400008
  Mob.: +91 91686 68383

- M.H. Saboo Siddique Maternity & General Hospital, 07 CT Scan Dept, Immamwada Rd, Opp. Mughal Masjid, Mumbai-400009
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- Kalsekar Memorial GHC Hospital MRI Dept,Annexure Bldg, Near Bharat Gear Company, Kausa, Mumbra, Thane, (W) - 400612.
  Mob.: +91 91682 98686

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- Shop No. 1A, Buiding No.2, Sudama Regency, Diva-Shil Road, Diva (E), Thane - 400612.
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PATIENT NAME	MRS. AFSANA MOMIN	AGE /SEX	33 YEARS/ F
REG. NO.	2025030116	DATE	07-03-2025
REF. BY	QUEENS HOSPITAL		

- Severe bony canal stenosis extending from the level of T12, L1, L2/L3 and L4 vertebral bodies with maximum stenosis at the level of T12-L1 (6 mm) causing crowding of cauda equina nerve roots with hyperintense signal within. Hyperintense signal in the dorsal cord with mild thickening at the level of T10, T11 and T12 vertebral bodies suggestive of cord oedema/myelopathy related changes.

- Mild dural enhancement of the spinal cord in the lumbar region.

Above findings are consistent with active pott's spine with extensive vertebral body destruction, gibbus deformity, extensive intercommunicating pre-paravertebral, psoas, iliacus and paraspinal collections, severe lumbar canal stenosis and nerve root compression at multiple levels with cord oedema and myelopathy related changes.

Please correlate clinically.
Thanks for the referral,

DR. ABHIJEET
M.D. RADIOLOGY
CONSULTANT RADIOLOGIST

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PATIENT NAME	MRS. AFSANA MOMIN	AGE /SEX	33 YEARS/ F
REG. NO.	2025030116	DATE	07-03-2025
REF. BY	QUEENS HOSPITAL		

MRI OF DORSO- LUMBAR SPINE WITH WHOLE SPINE SCREENING (P + C)

IMAGING SEQUENCES USED:-
Sagittal T1, T2 STIR, Axial T1, T2*WI.
Coronal STIR.
Post Contrast T1fs.

OBSERVATIONS: -

- Extensive destruction of L1, L2 vertebral bodies with partial destruction of endplates of T12, L3 and L4 vertebrae with significant surrounding marrow oedema in the remaining portions and involvement of intervening inter vertebral disc, seen as hyperintense on T2WI and hypointense on T1WI.
- There is resultant focal gibbus deformity in the dorsolumbar spine
- Marrow oedema is also noted involving T10, T11, L5 and S1 vertebral bodies, right sacral ala and bilateral sacroiliac joints.
- Intervertebral disc at the level of T10-T11, T11–T12, T12-L1, L1-L2, L2-L3, L3-L4 and L4-L5 complicated with epidural abscess causing mild to moderate lumbar canal stenosis, crowding of cauda equina nerve roots and compressing bilateral traversing and exiting nerve roots at these levels
- Abnormal hyperintense anterior epidural soft tissue is seen at extending from T10-L4 vertebral levels with maximum thickness of 8mm compressing the adjacent spinal canal at the level of T12-L1 and causing spinal canal stenosis (diameter of 7mm). Soft tissue is seen extending through bilateral exiting neural foramina's in to adjacent para vertebral regions.
- Heterogenous hyperintense soft tissue with extensive intercommunicating enhancing pockets of collection or seen in adjacent pre and bilateral para vertebral regions with associated large hyperintense collections within bilateral psoas muscles collectively measuring 21 x 6.5 x 5.9 cm on the right and 23 x 6.0 x 6.8 cm on the left.
- Collection is seen extending along bilateral iliacus muscles.
- Abnormal enhancing collection is also seen extending posteriorly in the paraspinal region with extensive oedema in the paraspinal muscles.
- Bilateral mild pleural effusion is seen.
- There is severe bony canal stenosis extending from the level of T12, L1, L2/L3 and L4 vertebral bodies with maximum stenosis at the level of T12-L1 (6 mm) causing crowding of cauda equina nerve roots with hyperintense signal within. Hyperintense signal is also seen in the dorsal cord with mild thickening at the level of T10, T11 and T12 vertebral bodies suggestive of cord oedema/myelopathy related changes.
- Mild dural enhancement of the spinal cord is seen in the lumbar region.
- Conus ends at T12-L1 level.

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QUEENS
CARE HOSPITAL
MULTISPECIALTY HOSPITAL

Reg Code :

CR Number :

Patient Name : AFSANA MOMIN
Gender & Age : Female 33 Years
Prescribed By : Dr.Sushil D Sakhare

CR Number : 010012049
Class :General
Current Bed Ward \ B-Moghali

Reg Code : 202500121
Reg Type : IPD

HEMATOLOGY

CBC

Lab No : 2510000502 Samp. No :, 25001676

Prescribed Date : 04-Mar-2025 1:11 pm
Sample Coll. Dt : 04-Mar-2025 1:18 pm
Done Dt : 04-Mar-2025 1:36 pm
Done By : Dr. ASHHAD SHAIKH
Approved Dt : 04-Mar-2025 1:36 pm
Approved By : Dr. ASHHAD SHAIKH

Test Name	Result	Unit	Normal Range
CBC			
HAEMOGLOBIN	9.20 ↓	gm%	13.00 - 17.00
RBC Count	3.58	million/cu mm	4.20 - 6.20
PCT	30.20	%.	40 - 54
MCV	84.30	fl	80 - 96
MCH	25.70	PG.	27 - 33
MCHC	30.50	%.	32 - 36
RDW	15.60	%.	11.6 - 14.6
WBC PARAMETERS			
Total Count	4800	Cells/cumm	4000 - 10000
DC.			
Neutrophils	69	%	38 - 70
Lymphocytes	20	%	15 - 48
Eosinophils	03	%	0 - 6
Monocytes	08	%	3 - 11
Platelet Count			
Platelet Count	383000	/cumm	150000 - 450000
PERIPHERAL STUDY			
RBC Morphology	Normocytic & Normochromic		
WBC Morphology	No Premature Cells are seen.		
Platelet	Platelet are adequate & Normal		

Sample Type :- Blood Sample

*****End Of Report*****

Collected By :- D/4729

Dr. ASHHAD SHAIKH
(MB, M.D PATHOLOGIST)
PATHOLOGIST

* Indicates Not in NABL

Queen's Care Hospital
Ammar Meadows, Village Shil, Old Mumbai-Pune Road, Near Datta Mandir, Shilphata Thane, Maharashtra 421 204.
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PATIENT SAFETY & QUALITY OF CARE
NABH
ACCREDITED

Reg Code : [redacted] **CR Number :** [redacted]

Patient Name : AFSANA MOMIN **CR Number :** 010012049 **Reg Code :** 202500121
Gender & Age : Female 33 Years **Class** :General **Reg Type :** IPD
Prescribed By : Dr.Sushil D Sakhare **Current Bed** Ward \ B-Moghali

BIOCHEMISTRY

Lab No : 2514000493 **CREATININE** Samp. No : 25001677

Prescribed Date : 04-Mar-2025 1:11 pm Done Dt : 04-Mar-2025 1:32 pm Approved Dt : 04-Mar-2025 1:33 pm
Sample Coll. Dt : 04-Mar-2025 1:18 pm Done By : Dr. ASHHAD SHAIKH Approved By : Dr. ASHHAD SHAIKH

Test Name	Result	Unit	Normal Range
S.CREATININE			
Creatinine (JAFFE REACTION)	0.48	mg/dl	0.5 - 1.2

Remarks Carried out on fully Automated COBAS c 311 analyzer

Sample Type :- Blood Sample

End Of Report

01ASHHAD 04-Mar-2025 1:36 pm

Collected By :- D/4729

Dr. ASHHAD SHAIKH
(MB, M.D PATHOLOGIST)
PATHOLOGIST

Test Results Are Electronically Signed (Approved) * Indicates Not in NABL

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Reg Code :

CR Number :

Patient Name : AFSANA MOMIN
Gender & Age : Female 33 Years
Prescribed By : Dr.Sushil D Sakhare

CR Number : 010012049
Class :General
Current Bed Ward \ B-Moghali

Reg Code : 202500121
Reg Type : IPD

Serology

HBSAG CARD

Lab No : 2521000189 Samp. No : 25001678

Prescribed Date : 04-Mar-2025 1:11 pm | Done Dt : 04-Mar-2025 1:34 pm | Approved Dt : 04-Mar-2025 1:34 pm
Sample Coll. Dt : 04-Mar-2025 1:18 pm | Done By : Dr. ASHHAD SHAIKH | Approved By : Dr. ASHHAD SHAIKH

Test Name	Result	Unit	Normal Range
HBsAg (IMMUNO CHROMATOGRAPHY)	NEGATIVE		

HCV CARD

Lab No : 2521000190 Samp. No : 25001678

Prescribed Date : 04-Mar-2025 1:11 pm | Done Dt : 04-Mar-2025 1:34 pm | Approved Dt : 04-Mar-2025 1:34 pm
Sample Coll. Dt : 04-Mar-2025 1:18 pm | Done By : Dr. ASHHAD SHAIKH | Approved By : Dr. ASHHAD SHAIKH

Test Name	Result	Unit	Normal Range
HCV- (CHROMATOGRAPHY)	NON REACTIVE		

HIV

Lab No : 2521000191 Samp. No : 25001678

Prescribed Date : 04-Mar-2025 1:11 pm | Done Dt : 04-Mar-2025 1:34 pm | Approved Dt : 04-Mar-2025 1:34 pm
Sample Coll. Dt : 04-Mar-2025 1:18 pm | Done By : Dr. ASHHAD SHAIKH | Approved By : Dr. ASHHAD SHAIKH

Test Name	Result	Unit	Normal Range
HIV TEST (CHROMATOGRAPHY)	NON REACTIVE		

Sample Type :- Blood Sample

End Of Report

01ASHHAD 04-Mar-2025 1:37 pm

Collected By :- D/4729

Dr. ASHHAD SHAIKH
(MB, M.D PATHOLOGIST)
PATHOLOGIST

Test Results are Electronically Signed (Approved) * Indicates Not in NABL

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SHCO-2023-0805

Discharge Summary

Patient Name	: AFSANA MOMIN	**CR Number**	: 010012049
Address	: Plot No 50 M 42 Road No 6 Saibaba Shivaji Nagar Govandi Dist Mumbai	**IPD Reg. No**	: 202500121
		Admission Date	: 04/Mar/2025 12:18PM
	Thane Thane Maharashtra India	**Discharge Type**	: Discharge And Reliev
Gender	: Female **Age** : 33 Years	**Discharge Date**	: 12/Mar/2025 5:23PM
Doctor Name	: Dr. Sushil Damu Sakhare	**Ref. Dr.**	: Dr.SUSHIL SAKHARE
Sec. Doctor	:	**Ward/Bed Name**	: Ward/B-Moghali
Class Name	: General		
Prepared Date:	12/Mar/2025 5:24PM	**Prepared By**	: 01Nazrana

PATIENT DIAGNOSIS

POTT'S SPINE ICD CODE=A18

CHIEF COMPLAINTS

A 33 YEARS OLD FEMALE PATIENT B/B HER REALATIVE IN CASUALITY WITH:
C/O: BACKHACHE
DIFFICULTY IN STANDING AND WALKING
SEVERE GEN WEAKNESS
MILD COUGH

O/E,
GC-MOD TEMP-AFEB HR- 72/M SPO2- 99% ON RA RR: 22/M
S/E,
CVS-S1 S2+ CNS- CONSCIOU ORIENTED RS-AEBE, . P/A- SOFT

PAST HISTORY

K/C/O :OLD KOCHS (NO ONGOING ACTIVE TREAMENT)

COURSE DURING HOSPITALISATION

A 33 YEARS OLD FEMALE PATIENT B/B HER REALATIVE ADMITTED UNDER DR SUSHIL SAKHARE WITH ABOVE MENTIONED COMPLAINTS,IV ANTIBIOTICS,ANTACID,ANTIEMETIC AND SUPPORTIVE MEDICATION STARTED
XRAY WHOLE SPINE DONE.
LAB INVESTIGATION DONE
CBC9.20/4800/383000 CREAT-0.48 HHH: NEGATIVE.
05/03/2025 : PATIENT VITALLY STABLE , C/O : BACKACHE BETTER , MILD COUGH+, REST CT SAME.
DR SUSHIL SIR ROUND DONE ADDED TAB ZERODOL MR BD REST CT SAME.
06/03/2025: PATIENT VITALLY STABLE , C/O : BACKACHE BETTER, CONSTIPATION, MILD COUGH+, SYP DUPHALAC 20ML STAT GIVEN, REST CT SAME.
7/3/25= PATIENT CLINICALLY STABLE, MOTION PASSED ,BACKACHE +,NO FRESH COMPLAINTS NOTED,MRI DORSOSACRAL DONE
TRACE MRI DORSOSACRAL REPORT,CT SAME INFORM SOS
8/3/25=PATIENT CLINICALLY IMPROVING,MRI DORSO LUMBAR SPINE WSS REPORT INFORMED,CT SAME.
9/3/25=PATIENT CLINICALLY IMPROVING,GENERALISED WEAKNESS,BACKACHE+,CT SAME
10/3/25=PATIENT CLINICALLY IMPROVING,BACKACHE+ NO FRESH COMPLAINTS NOTED,MRAI REPORTS INFORMED TO DR SUSHIL AND DR KENDARE,CT SAME
11/3/25=PATIENT CLINICALLY IMPROVING,BACHACH+,ORTHO REFERENCE DONE ADV-SPINAL BIOPSY UNDER LOCAL ANASTHESIA ,PATIENT NBM FROM C/M 8AM SPINAL BIOPSY AT 12PM AFTERNOON,CT SAME,INFORM SOS.
12/3/25=PATIENT CLINICALLY IMPROVING,SPINAL BIOPSY DONE BY DR.PANDARI KENDRE(ORTHOPEDICS) UNDER LOCAL ANASTHESIA,NO FRESH COMPLAINT NOTED,HENCE DISCHARGE ADVICE AS PER CONSULTANT ORDERS.

DRUG HISTORY (CURRENT MEDICATION)

INJ AUGMENTIN 1.2GM IV BD

QUEENS CARE HOSPITAL

QUEENS CARE SPECIALTY MULTISPECIALITY HOSPITAL
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Discharge Summary

Patient Name	: AFSANA MOMIN	**CR Number**	: 010012049
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Class Name	: General		
Prepared Date:	12/Mar/2025 5:24PM	**Prepared By**	: 01Nazrana

INJ PAN 40MG IV BD
INJ EMSET 4MG IV TDS
INJ TRAMADOL 100MG IV BD
INJ PCM 1GM SOS
INJ OPTINEURON 1AMP + 100 ML NS BD
SYP BEVON 10ML BD
TAB SHELCAL D OD
TAB ZERDOL MR PO BD
SYP DUPHALAC 20ML STAT
IVF: RL @ 60ML/HR
NEB D+B P/N 1-0-1

CONDITION ON DISCHARGE

PATIENT HEMODYANAMICALLY STABLE.

MEDICATION DISCHARGE.

- TAB ENZOFLAM SP 1-0-1 FOR 5 DAYS.
- TAB CHYMORAL FORTE 1-0-1 FOR 5 DAYS
- CAP PREGABA D 75/20 0-0-1 FOR 20 DAYS
- TAB SHELCAL D 1-0-0 TILL STOCK
- SYP BEVON 10ML 1-0-1
- SYP DUPHALAC 10ML SOS

ADVICE

IN CASE OF EMERGENCY CALL 8088189189 OR VISIT HOSPITAL.

FOLLOW UP

FOLLOW UP IN OPD WITH DR.SUSHIL SAKHARE ON 17/3/25 WITH PRIOR APPOINTMENT BASIS.

Consultant

Dr. Sushil Damu Sakhare

QUEENS CARE HOSPITAL

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NABH SHCO-2023-0805

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12/3/25=PATIENT CLINICALLY IMPROVING,SPINAL BIOPSY DONE BY DR RANDARI KENDRE(ORTHOPEDICS) UNDER LOCAL ANASTHESIA,NO FRESH COMPLAINT NOTED,HENCE DISCHARGE ADVICE AS PER CONSULTANT ORDERS.

DRUG HISTORY (CURRENT MEDICATION)

INJ AUGMENTIN 1.2GM IV BD

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NABH SHCO-2023-0805

Discharge Summary

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Address	: Plot No 50 M 42 Road No 6 Saibaba Shivaji Nagar Govandi Dist Mumbai	**IPD Reg. No**	: 202500121
	Thane Thane Maharashtra India	**Admission Date**	: 04/Mar/2025 12:18PM
		Discharge Type	: Discharge And Reliev
Gender	: Female **Age** : 33 Years	**Discharge Date**	: 12/Mar/2025 5:23PM
Doctor Name	: Dr. Sushil Damu Sakhare	**Ref. Dr.**	: Dr.SUSHIL SAKHARE
Sec. Doctor	:	**Ward/Bed Name**	: Ward/B-Moghali
Class Name	: General		
Prepared Date:	12/Mar/2025 5:24PM	**Prepared By**	: 01Nazrana

INJ PAN 40MG IV BD
INJ EMSET 4MG IV TDS
INJ TRAMADOL 100MG IV BD
INJ PCM 1GM SOS
INJ OPTINEURON 1AMP + 100 ML NS BD
SYP BEVON 10ML BD
TAB SHELCAL D OD
TAB ZERDOL MR PO BD
SYP DUPHALAC 20ML STAT
IVF: RL @ 60ML/HR
NEB D+B P/N 1-0-1

CONDITION ON DISCHARGE

PATIENT HEMODYANAMICALLY STABLE.

MEDICATION DISCHARGE.

- TAB ENZOFLAM SP 1-0-1 FOR 5 DAYS
- TAB CHYMORAL FORTE 1-0-1 FOR 5 DAYS
- CAP PREGABA D 75/20 0-0-1 FOR 20 DAYS
- TAB SHELCAL D.1-0-0 TILL STOCK
- SYP BEVON 10ML 1-0-1
- SYP DUPHALAC 10ML SOS

ADVICE

IN CASE OF EMERGENCY CALL 8088189189 OR VISIT HOSPITAL.

FOLLOW UP

FOLLOW UP IN OPD WITH DR.SUSHIL SAKHARE ON 17/3/25 WITH PRIOR APPOINTMENT BASIS.

Consultant

Dr. Sushil Damu Sakhare

QUEENS CARE HOSPITAL

MUMBRA CITY POLYCLINIC

DR Sushil D Sakhare

(Consultant Pulmonologist & Diabetologist)

8097734777 / 9619230784

Add: Shop No-6-8,Ground Floor,SaiSuman Appt,Below Sai Mumbra Hospita
Uday Nagar ,Mumbra,Thane-400612 Email - mchalc2017@gmail.com

Name: Afsana Momin M F Age: 30y Date: 17/02/2025

Weight: 27.6kg Pulse: 116/min BP: 100/70mmHg Spo2: 99% RA

K/C/o potts spine c ALT-L of 1 month

c/o Rt LQ pain / swelling × 6 mth

Adv

- HPN/SRD

T. olanzapine (05) OD → continue

- T. Zefi-O (200) 1-0-1
- T. Rabicip D (20) 1-0-1
- T. Defcort (6) 1-0-1
- T. Shelcal HD 0-1-0
- Syp Zerkin 2tsp 1-0-1
- T. Zerodol MR 1-0-1

USG/W/A
USG Local. Adv

① USG: Back Rt LQ abscess abd

② CBC/ESR SGOT/SGPT

Rs 2550/-

Doctor's Signature / Stamp

d/o prosis

* TB. * ASTHMA * COPD * HYPERTENSION * ALLERY * DIABETES * THYROID * PATH LAB
* MEDICAL CERTIFICATE * NEBULISATION * OXYGEN THERAPY * PHARMACY * DAYCARE

Visit On

LABORATORY

Name	: MRS . AFSANA MOMIN	Reg. Date	: 08/02/2025
Reg. No	: 30939	Coll. Date	: 08/02/2025
Age & Sex	: 33 Years / Female	Report Date	: 08/02/2025
Referred By	: SELF	Printed Date	: 10/02/2025

HAEMATOLOGY

TEST	RESULT	UNIT	REFERENCE RANGE
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin	: **10.0**	gm %	11.5-15.5
WBC Count			
Total WBC Count	: 5200	/ cmm	4000-11000
DIFFERENTIAL COUNT			
Neutrophils	: 67	%	40-70
Lymphocytes	: 26	%	20-40
Eosinophils	: 04	%	00-06
Monocytes	: 03	%	01-10
Basophils	: 00	%	00-01
RBC Indices			
R.B.C. Count	: **3.73**	mil/cmm	3.8-5.0
Packed Cell Volume (PCV)	: **30.7**	%	36-45
Mean Corpuscular Volume(MCV)	: 82.3	cu micron	80-97
Mean Corpuscular Hemoglobin(MCH)	: 26.8	picograms	26.5-35.5
Mean Copuscular Hb Conc(MCHC)	: 32.6	g/dl	31.5-35.0
RDW	: **16.9**	%	11-16
Platelets Indices			
Platelet count	: 336000	/cmm	150000-450000
PDW	: **18.9**	fL	15.0-17.0
PCT	: 0.18	%	0.100-0.282
MPV	: **5.5**	fL	7.4-10.4
ESR	: 78 MM	mm/hr	00-20

--- End Of Report ---

Done on Fully Automatic Nihon Kohden Hamatology Analyser(Mead In Japan)

T.M.Padmule
MLT, DMLT,Bsc

Dr Swapnil Sirmukaddam
MD (Path)

Refer to condition of Reporting Overleaf

*Referred Test

TEST REPORT

LABORATORY

Name	: MRS . AFSANA MOMIN	Reg. Date	: 08/02/2025
Reg. No	: 30939	Coll. Date	: 08/02/2025
Age & Sex	: 33 Years / Female	Report Date	: 08/02/2025
Referred By	: SELF	Printed Date	: 10/02/2025

BIOCHEMISTRY

TEST	RESULT	UNIT	REFERENCE RANGE	
CREATININE				
Sr Creatinine	: 0.68	mg/dl	0.6-1.2	
LIVER FUNCTION TEST				
Bilirubin- Total	: 0.55	mg/dl	0.2-1.2	Mod J & K
Bilirubin- Direct	: 0.29	mg/dl	0.10-0.40	Mod J & K
Bilirubin- Indirect	: 0.26	mg/dl	0.10-1.00	
SGOT	: 12	IU/L	05-40	IFCC without P-5 Kinectic
SGPT	: 8	IU/L	05-40	IFCC without P-5 Kinectic
Alkaline Phosphatase	: 98.7	IU/L	35-140	
Total Protein	: 6.31	gm/dl	6.0-8.0	
Albumin	: 3.47	gm/dl	3.2-5.5	Bromocresol Green, Endpoint
Globulin	: 2.84	gm/dl	2.3-3.5	
A/G RATIO	: 1.22			

--- End Of Report ---

T.M.Padmule
MLT, DMLT,Bsc

Dr Swapnil Sirmukaddam
MD (Path)

Refer to condition of Reporting Overleaf

*Referred Test

Name	: MRS . AFSANA MOMIN	Reg. Date	: 08/02/2025
Reg. No	: 30939	Coll. Date	: 08/02/2025
Age & Sex	: 33 Years / Female	Report Date	: 08/02/2025
Referred By	: SELF	Printed Date	: 10/02/2025

SEROLOGY REPORT

TEST	RESULT	UNIT	REFERENCE RANGE
C - REACTIVE PROTEIN (CRP)			
Result	: **75.5**	mg/l	0.00-6.00
Interpretation	: Up to 6.00 mg/l is Negative		
Method	: Turbidimetry		

NOTE
1) C-reactive protein (CRP) is a protein found in the blood, the levels of which rise in response to inflammation (an acute-phase protein).
2) Its physiological role is to bind to phosphocholine expressed on the surface of dead or dying cells (and some types of bacteria) in order to activate the complement system via clq. CRP is synthesized by the liver in response to factors released by fat cells (adipocytes).
2) It is a member of the pentraxin family of proteins. It is not related to C-peptide or protein C. CRP is used mainly as a marker of inflammation. Apart from liver failure, there are few known factors that interfere with CRP production.
3) Measuring and charting CRP values can prove useful in determining disease progress or the effectiveness of treatments.
4) CRP is therefore a test of value in medicine, reflecting the presence and intensity of inflammation, although an elevation in C-reactive protein is not the telltale diagnostic sign of any one condition.

--- End Of Report ---

T.M.Padmule
MLT, DMLT,Bsc

Dr Swapnil Sirmukaddam
MD (Path)

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*Referred Test

LIFE CARE CLINICAL LABORATORY
Cell. : +91-9987 597 877
+91-8369 765 677
Nasim Villa Apt.. Plot No. 67. Sector-2. Taloja Panchanand. Dist. Raigad. Navi Mumbai - 410 208.

MUMBRA CITY POLYCLINIC

DR Sushil D Sakhare

(Consultant Pulmonologist & Diabetologist)

✆ 809773 4777 / 9619 23 0784

Add: Shop No-6-8,Ground Floor,SaiSuman Appt,Below Sai Mumbra Hospita
Uday Nagar ,Mumbra,Thane-400612 Email - mchalc2017@gmail.com

Name: Afasana Momin M / F Age: 30y Date: 12/02/2025

Weight: 27.6kg Pulse: 116/min BP: 100/70 mmHg Spo2: 99% RA

K/C/o potts spine c AKT ↓ of 15 mth

C/o (L) LQ pain / swelling x >6 mth

Adv

- HPN/SRD | T. olanzapine (0.5) OD → continue
- T. Zefi-O (200) 1-0-1
- T. Rabicip D (20) 1-0-1
- T. Defcort (6) 1-0-1
- T. Shelcal HD 0-1-0
- Syp Zerben 2tsp 1-0-1
- T. Zerodol MR 1-0-1

USG W/A
USG Local. Adv

(L) USG: Back (L) LQ ?abscess abd

(L) CBC ESR SGOT/SGPT

Rs 2550/-

[illegible]

d/o psoas

Doctor's Signature / Stamp

Visit On

* TB. * ASTHMA * COPD * HYPERTENSION * ALLERY * DIABETES * THYROID * PATH LAB
* MEDICAL CERTIFICATE * NEBULISATION * OXYGEN THERAPY * PHARMACY * DAYCARE

Navi Mumbai - 410 208

TEST REPORT

Name	: MRS . AFSANA MOMIN	Reg. Date	: 08/02/2025
Reg. No	: 30939	Coll. Date	: 08/02/2025
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TEST	RESULT	UNIT	REFERENCE RANGE
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LIFE CARE CLINICAL LABORATORY
Cell. : +91-9987 597 877
+91-8369 765 677
Address : Rana Nx Hospital Nasim Villa Ant Plot No 67 Sector-2 Taloja Panchanand Dist Raigad Navi Mumbai - 410 208

TEST REPORT

Name	: MRS . AFSANA MOMIN		
Reg. No	: 30939	Reg. Date	: 08/02/2025
Age & Sex	: 33 Years / Female	Coll. Date	: 08/02/2025
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--- End Of Report ---

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