

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.
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Aundh Civil Hosp. Campus, Between
Sanghavi Phata & Rakshak Chowk,
Aundh, Pune - 411027.
Tel.: 020-2970 8387 / 8397
Mob.: +91 91686 82277 / 2288

Gr.Floor, Sonigara Landmark,
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Kaspate Wasti, Wakad,
Pune-411057.
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MUMBAI & THANE

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

M.H. Saboo Siddique Maternity &
General Hospital, 07 CT Scan Dept,
Imamwada Rd, Opp. Mughal Masjid,
Mumbai-400009
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Shop No. 1A, Buiding No.2,
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Road, Diva (E), Thane - 400612.
Mob.: +91 91686 68585

C wing, Malik Residency,
Tanwar Complex, Kausa,
Mumbai, Thane - 400612
Mob.: +91 74000 68775

Kalsekar Memorial GHC Hospital
MRI Dept, Annexure Bldg, Near
Bharat Gear Company, Kausa, Mumbai,
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Mob.: +91 91682 98686

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- ❖ 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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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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CR Number : 010012049

Reg Code : 202500121

Reg Type : IPD

Patient Name : AFSANA MOMIN

Gender & Age : Female 33 Years

Prescribed By : Dr.Sushil D Sakhare

Current Bed Ward \ B-Moghali

HEMATOLOGY

CBC

Samp. No :, 25001676

Lab No : 2510000502

Prescribed Date : 04-Mar-2025 1:11 pm Done Dt : 04-Mar-2025 1:36 pm

Approved Dt : 04-Mar-2025 1:36 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
CBC			
HAEMOGLOBIN	9.20 ↓	gm%	13.00 - 17.00
RBC Count	3.58	million/cu mm	4.20 - 6.20
MCV	30.20	%	40 - 54
MCH	84.30	fl	80 - 96
MCHC	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
PEAR 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

Page 1 of 2

Queen's Care Hospital Signed (Approved)

* Indicates Not in NABL

Ammar Meadows, Village Shil, Old Mumbai-Pune Road, Near Datta Mandir, Shilphata Thane, Maharashtra 421 204.

Call: +91 80881 34134, 91375 79496, 85916 87575

hellow@queenscareclinics.com

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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
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S.CREATININE

Creatinine (JAFEREACTION)	0.48	mg/dl	0.5 - 1.2
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Remarks Carried out on fully Automated COBAS c 311 analyzer

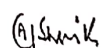
Sample Type :- Blood Sample

End Of Report



01ASHHAD 04-Mar-2025 1:36 pm

Collected By :- D/4729


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

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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

Serology

Lab No : 2521000189

HBSAG CARD

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		
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Lab No : 2521000190

HCV CARD

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
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HCV- (CHROMATOGRAPHY)	NON REACTIVE		
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Lab No : 2521000191

HIV

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
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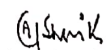
HIV TEST (CHROMATOGRAPHY)	NON REACTIVE		
---------------------------	--------------	--	--

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

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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
Thane Thane Maharashtra India	Admission Date : 04/Mar/2025 12:18PM
Gender : Female Age : 33 Years	Discharge Type : Discharge And Reliev
Doctor Name : Dr. Sushil Damu Sakhare	Discharge Date : 12/Mar/2025 5:23PM
Sec. Doctor :	Ref. Dr. : Dr.SUSHIL SAKHARE
Class Name : General	Ward/Bed Name : Ward/B-Moghali
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: BACKACHE
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- CONSCIOUS ORIENTED RS-AEBE, . P/A- SOFT

PAST HISTORY

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

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,MRI 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 ANESTHESIA ,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 RANDARI KENDRE(ORTHOPEDICS) UNDER LOCAL ANESTHESIA,NO FRESH COMPLAINTS NOTED,HENCE DISCHARGE ADVICE AS PER CONSULTANT ORDERS.

DRUG HISTORY (CURRENT MEDICATION)

INJ AUGMENTIN 1.2GM IV BD

Discharge Summary

Patient Name : AFSANA MOMIN
Address : Plot No 50 M 42 Road No 6 Salbaba Shivaji
Nagar Govandi Dist Mumbai

Thane Thane Maharashtra India

Gender : Female **Age :** 33 Years

Doctor Name : Dr. Sushil Damu Sakhare

Sec. Doctor :

Class Name : General

Prepared Date: 12/Mar/2025 5:24PM

CR Number : 010012049

IPD Reg. No : 202500121

Admission Date : 04/Mar/2025 12:18PM

Discharge Type : Discharge And Reliev

Discharge Date : 12/Mar/2025 5:23PM

Ref. Dr. : Dr.SUSHIL SAKHARE

Ward/Bed Name : Ward/B-Moghali

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 SHELICAL 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 HEMODYNAMICALLY STABLE.

MEDICATION DISCHARGE.

- TAB ENZOFLAM SP 1-0-1 FOR 5 DAYS.
- TAB CHYMORAL FORTE 1-0-1 FOR 5 DAYS
- CAP PRÉGABA D 75/20 0-0-1 FOR 20 DAYS
- TAB SHELICAL 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



DischargeSummary.rpt

Printed By : 01Kanchank

Print Time 5:25:43PM

Page 2 of 2

Print Date : 12/Mar/2025

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Sec. Doctor :
Class Name : General
Prepared Date: 12/Mar/2025 5:24PM

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Discharge Date : 12/Mar/2025 5:23PM
Ref. Dr. : Dr.SUSHIL SAKHARE
Ward/Bed Name : Ward/B-Moghali
Prepared By : 01Nazrana

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INJ EMSET 4MG IV TDS
INJ TRAMADOL 100MG IV BD
INJ PCM 1GM SOS
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SYP DUPHALAC 20ML STAT
IVF: RL @ 60ML/HR
NEB D+B P/N 1-0-1

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- ✓ SYP BEVON 10ML 1-0-1
- ✓ SYP DUPHALAC 10ML SOS

ADVICE

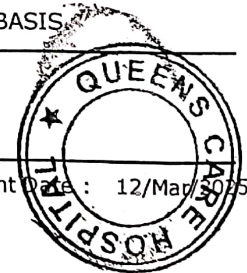
IN CASE OF EMERGENCY CALL 8088189189 OR VISIT HOSPITAL.

FOLLOW UP

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

Consultant

Dr. Sushil Damu Sakhare





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 Hospital
Uday Nagar, Mumbra, Thane-400612 Email - mchalc2017@gmail.com

Name: Aparna Munnim ☐ M ☒ F Age: 30y Date: 12/02/2015

Weight: 27.6kg Pulse: 116/min BP: 100/70 mmHg Spo2: 99+ no

Ach

4/10 not's spine c. Act-4 ↓
of 15 mth
c. @ LQ pain / swelling > 6 mth
- Hpn / SRS / T. olanzapine (0.5) on → continue

- T. Zeph'o (200) 1-0

- T. Ralip D (20) 1-0

- T. Defcancs 1-0

- T. Sheldun 1-0

- T. Zeph'o 1-0

- T. Zerodol MR 1-0

d/o prob

USA W/A
USA Local.

@ USR. Backst
of abscess abd

@ CBL ESR
shortly

Rs 2550/-

Doctor's Signature / Stamp

Visit On

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



Name : MRS . AFSANA MOMIN
Reg. No : 30939
Age & Sex : 33 Years / Female
Referred By : SELF

Reg. Date : 08/02/2025
Coll. Date : 08/02/2025
Report Date : 08/02/2025
Printed Date : 10/02/2025

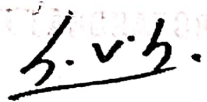
HAEMATOLOGY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
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

LIFE CARE CLINICAL LABORATORY

Cell. : +91-9987 597 877

+91-8369 765 677

Address : Rana Nx Hospital, Nasim Villa Apt., Plot No. 67, Sector-2, Talnia Panchanand, Dist. Raigad, Navi Mumbai - 410 208



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Name : MRS . AFSANA MOMIN
Reg. No : 30939
Age & Sex : 33 Years / Female
Referred By : SELF

Reg. Date : 08/02/2025
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BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
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 Bromocre sol 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)

Name : MRS . AFSANA MOMIN
Reg. No : 30939
Age & Sex : 33 Years / Female
Referred By : SELF

Reg. Date : 08/02/2025
Coll. Date : 08/02/2025
Report Date : 08/02/2025
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SEROLOGY REPORT

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
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


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MD (Path)

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Cell. : +91-9987 597 877
+91-8369 765 677

From: No Hospital, Nasim Villa Apt., Plot No. 67, Sector-2, Talaoia Panchanand, Dist. Raigad, Navi Mumbai - 410 208.



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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: Ajanna Munim ☐ M ☒ F Age: 30y Date: 12/02/2015
 Weight: 64kg Pulse: 116/min BP: 100/70mmHg Spo2: 99+ on

W/O no. 10's spine C 4-5 ↓
 of 15mth

Adh

Q. @ LQ pain / swelling x 6mth

- Hpn / Sps / T. olanzapine (0.5) on → continue

- T. Zeph'o (200) 1-01

- T. Ralip D (200) 1-01

- T. Defence (1-01)

- T. Shaleen MD 01-0

- T. Berkin 01-01

- T. Zerodol MR 1-01

d/o prona

USA W/A
 USA Local

@ USR Backst
 to abxess @ LQ abd

@ CBL 0512
 84072019

₹ 2550/-

Doctor's Signature / Stamp

Visit On

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



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HAEMATOLOGY

TEST	RESULT	UNIT	REFERENCE RANGE
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WBC Count			
Total WBC Count	: 5200	/ cmm	4000-11000
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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)

fl
T.M.Padmule
MLT, DMLT, Bsc

S.V.S.
Dr Swapnil Sirmukaddam
MD (Path)

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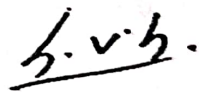
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BIOCHEMISTRY

TEST	RESULT	UNIT	REFERENCE RANGE
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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
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A/G RATIO	: 1.22		

--- End Of Report ---


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SEROLOGY REPORT

TEST

C - REACTIVE PROTEIN (CRP)

Result

RESULT

: 75.5

UNIT

mg/l

REFERENCE RANGE

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.
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--- End Of Report ---


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