



RFD - 04
VANI
3 years / Female
CR No - 21966
Unit - 158
Dis - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿
① LIVER ABSCESS
② TRANSAMINITIS

FIXED PRICE
MAN DI
KATAN CHA
RAN KUN
CLOTH MERCHANTS
Spl. In : D&J & W
Link Road, Jan
11 - 9440





RED - 04

VANI

3 years / Female

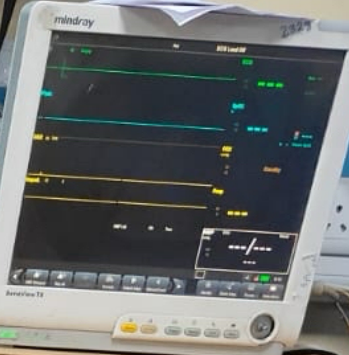
CR No - 21966

Unit - 15B

Dis - @ 1000 EMPYEMA

@ LIVER ABSCESS

@ TRANSAMINITIS



FIXED PRICE
RMAN DI HATTA
KATAN CHAND
RMAN KUMAR
CLOTH MERCHANTS
Spl. in : DAD & W
Link Road, Jam
R : 9410

Weight	2 kg
TF R (%)	100%
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

PLAN-

- 1) O₂ via NP @ 3L/min
- 2) Head End Elevation
- 3) High protein diet / protein powder
- 4) 2j. Colistin 2.25 L IV / 10ml NS @ 8hrly (30)
- 5) 2j. Lincolid 9mg IV 8hrly (135)
- 6) 2j. Nebogel 9mg IV 8hrly (54)
- 7) 2j. Pantop 10mg IV qd
- 8) 2j. Nitro 5mg IV medly
- 9) 2j. Pen (5ml/25) SOS
- 10) 2j. Ca 20 5ml p/o tds
- 11) 2j. MV 5ml b/d
- 12) 2j. Stk 1.8L IV / 50ml NS + (R) LCD clamp x 4hrs
- 13) 2j. Nebogel 16mg / 20ml NS flush pigtail 8hrly
- 14) Chest physiotherapy / Synchrony tds

Total 12 doses

~~6 doses~~

A. Dey

PG/JR Signature &
Name in Capital

Weight	2kg
TF	100-10
R (%)	
Drugs	
Fluids	
Feed	
meq/kg/day	
meq/kg/day	

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Vani	Date / Time-	28/4, 9pm	DOA-	5/4/25
Age/Gender	2y1F	CR. No. -	21966	DOPICU / HDU	22
Weight	9kg	Bed number	⑨	DOMV-	Room no - 22
Diagnosis	Ruptured liver abscess @ Rided Empyema @ JCD Pusatile Septic @ Anycitopenia (x) @ coagulopathy (x) @ HypoKCR @ Hypoalb (x).				

Current issues

Issue	Intervention	Current status
1. Ruptured liver abscess	28/4 → 160cc, organized pusatile no output from pig tail.	no output from catheter.
2. Empyema	cls - sterile cells - 150 blutpr -	cls - sterile cyto - 10/1.75 ratio - 10/1.75 gm pr.
3. Anycitopenia coagulopathy Hypoalb	NO H.H.H. S. PIA WIK	yes to 120ml output.

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning Evening	ABG/VBG	Time- Morning Evening	ET size
Delta P/PS		PH		Fixed at
PEEP	O ₂ via. N.P.	PCO2		Changed on
MAP		HCO3		VAP---
RR (T/Vent)	@ 64/min	BE		ICDT----
VT _E /VT _I		PO2		(drain volume)
Min Vent		OI		other drains
FiO2 / SPO2		ICa		
C/R		P/F ratio		
CXR/USG	→ R white out - consolidation + Empyema	Arterial Gap		
Examination + Other issues with Mx	→ SLL ABG @, @ JCD Pusatile			

nic/distributive/obstructive
ated

ug/kg/min
ug/kg/min
ug/kg/min
IUug/kg/min

4 cm L R
to palp

Sepsis

focus
 liver
 pleural abscess & pleural cavity
 consecutive
 culture (24/4)
 → sterile
 → basil (16/4)
 - fungal abscess
 blood
 urine
 sputum } neg
 ET C/s
 Other C/s
 pleural cavity → pleural
 pleural C/s - neg (16/4)
 HCAI (specify)
 pus C/s → neg
 C. difficile

Antimicrobials-

1. colistin Day 10
2. metronidazole Day 5
3. linezolid Day 12.
4. _____ Day _____
5. _____ Day _____
6. _____ Day _____

Date	27/4		
Hb (g/dL)	10.1		Trend
TLC/N	14,530	125	
Platelets	1.5 lac	125	
CRP	(24/4) 1.6 mg/dL	2.4	
PCT	neg (24/4)		
PT/INR	13.2/6.5 (24/4)		
D-Dimer	✓		
Fibrinogen	✓		
OT/PT	44/25 (24/4)		
TSP/Albumin	2.2/4.5 (24/4)		
CSF (Date)	Sugar/Protein	Culture	Other Investigation

EEG
 USG chest & abd. → to predominate
 (16/4) organised
 4. Peridural abscess & psoas

MRI
 2. Peridural @ CT
 2. sided Empyema

HSV - NR
 Deng
 Malaria
 sub
 up to } neg
 JgA → 176
 JgG → 345

★ Assess if they are required further

Central line days	
Urinary Catheter days	
Thrombophlebitis	
Bed sores	
Other drains	

INVESTIGATION SENT TODAY

at PWD working < 10 HR
 5. CT guided/US guided.
 pus etc. (organised)
 6. nutritional rehab.
 7. Analgesic etc → p.w.
 8. monitor vitals, etc

CONSULTANT DECISION

Cu 1. Dr. Sheela
 2. Dr. R
 3. Dr. R
 4. Dr. R
 5. Dr. R
 6. Dr. R
 7. Dr. R
 8. Dr. R

PLAN-

- 1) O₂ in NP @ 6l/min
- 2) Head end elevation (30-45°) / vitals monitoring
- 3) Head end elevation / Ito charting

PRs @ 8hrly / Ito charting

3 chest physiotherapy / spirometry @ 8H

4) High protein diet / protein powder

D12 5) inj. colistin 2.25L IV + 10ml NS @ 8H (170)

D15 6) inj. lincolnet 90mg @ 8H (54)

D17 7) inj. Metrogel 90mg @ 8H (54)

8) inj. pantop 10mg @ OD

9) inj. vit K 5mg @ weekly

10) Symp. PCM (125/5) 5ml SOS

11) Symp. Ca²⁺ (5ml = 50mg) 8/0 tds

12) Symp. MVI 5ml BD

13) ~~Stop~~ inj. STK via ICD ^{continue}

14) inj. Metrogel 160mg + 20ml NS flush via pigtail BD.

15) Neb τ Asthalin 2.5mg + 3ml NS @ 6hrly

Neb τ 3/1. NS @ 6hrly

chest PT (24)

30/4/25

5ml pus drained via pigtail

Signature

PG/JR Signature &

Name in Capital / Stamp

SR Signature
& Name in Capital / Stamp

Weight	9kg
TF	100.1.
R	
(%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET
DEPARTMENT OF PEDIATRICS

Name	vaani	Date / Time-	29/4/25 @ 12:15	DOA-	5/4/25
Age/Gender	3y 1F	CR. No. -	21966	DOPICU / HDU	2
Weight	9 kg	Bed number	4	DOMV	RA
Diagnosis	Ruptured liver abscess ± (R) sided empyema ± (R) ICD in situ ± sepsis ± bicytopenia (R) ± Coagulopathy (R) ± hypok ⁺ (R) ± hypoalb. (R)				

Current issues

Issue	Intervention	Current status
① Ruptured liver abscess	→ 29/4 - 160 cc organised content No output from pigtail.	
② (R) Empyema	→ clt. sterile cells - 150 ⁴⁰ ₂₄ B50-10/1.75	
③ Bicytopenia Coagulopathy Hypoalb	NO HLH (R) (S) hypok ⁺ (R)	
④ PID w/e		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning Evening	ABG/VBG	Time- Morning Evening	ET size
Delta P/PS		PH		Fixed at
PEEP		PCO2		Changed on
MAP		HCO3		VAP---
RR (T/Vent)		BE		ICDT---- (drain volume)
VT _E /VT _I		PO2		other drains
Min Vent		OI		
FIO2 / SPO2		ICa		
C/R		P/F ratio		
		Anion Gap		

② line white output + empyema

Weight	9 kg
TF	100 %
R (%)	900 ml
Drugs	
Fluids	
Feed	orally allowed
Na	meq/kg/day
K	meq/kg/day

PLAN-

- ① O₂ via NP @ 6L/min
- ② Head end elevation (30-45°) / vitals monitoring / RBS q 4hly / SpO₂ charting
- ③ chest physiotherapy / spirometry q 8H
- ④ High protein diet / protein powder
- ⑤ Inj. Colistin 2.25 lac IV + 10 ml NS q 8H (30)
- ⑥ Inj. Linezolid 90 mg IV q 8H (175)
- ⑦ Inj. Metrogyl 90 mg IV q 8H (54)
- ⑧ Inj. Pantop 10 mg IV OD
- ⑨ Inj. Vit K 5mg IV weekly
- ⑩ Syp. PCM (125/5) 5ml SOS
- ⑪ Syp. Ca²⁺ (5ml = 500 mg) P/O TDS
- ⑫ Syp. MV1, 5ml BD
- ⑬ stop Inj. STK via ICD
- ⑭ Inj. Metrogyl 160 mg + 20 ml NS flush via pigtail. q 8H
- ⑮ Neb. $\bar{c}$ Asthalin 2.5mg + 3ml NS q 6hly
 $\downarrow$
Neb. $\bar{c}$ 3% NS q 6hly
 $\downarrow$
chest PT (Rt.)

Dr. Attili Harika
PG/JR Signature &
Pediatric Department
ABVIMS & Capital Hospital
New Delhi

Dr. Anil Malik
SR Signature
& Name in Capital

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Vaani	Date / Time- 29/4/25 @ 9:30pm	DOA- 5/4/25
Age/Gender	3y/F	CR. No. - 21966	DOPICU / HDU - 22
Weight		Bed number ④	DOMV- JPA
Diagnosis	Ruptured liver abscess & ② sided Empyema & ② ICD in situ & Sepsis & Bicytopenia (R) & Coagulopathy (R) & Hypokt (R) & Hypoalb (R)		

Current issues

Issue	Intervention	Current status
1) Ruptured liver abscess	→ 28/4 - 160cc organism	Content
	NO output from pigtail	
2) ② Empyema	→ clt- sterile	
& ICD in situ	cells - 150 < $\frac{N90}{L24}$ Bio-10/1.75	
3) Bicytopenia	} NO HCH (R)	
Coagulopathy		
Hypoalb		
4) PID w/u		
5) Hypo (K) (R)		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC	ABG/VBG	Time-Morning	Evening	ET size
	Morning Evening				Fixed at
Delta P/PS		PH			Changed on
PEEP	$O_2 \downarrow NP$	PCO2			VAP---
MAP	@ 62/min	HCO3			ICDT---- (drain volume)
RR (T/Vent)		BE			other drains
VT _E /VT _I		PO2			
Min Vent		OI			
FiO2 / SPO2		ICa			
C/R		P/F ratio			
CXR/USG	② lung white opacity	Anion Gap			
Examination + Other issues with Mx	B/LAEC, ② ICD in situ				

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET
DEPARTMENT OF PEDIATRICS

Name	Vaani	Date / Time- 30/4/25 @ 12:30pm	DOA- 5/4/25
Age/Gender	3y Female	CR. No. - 21966	DOPICU / HDU → 23
Weight	9kg	Bed number (4)	DOMV- @ O ₂ via JP
Diagnosis	Ruptured Liver Abscess (R) sided empyema (R) ICD-in-situ + sepsis + Bicypopenia (R) + coagulopathy (R) + Hypok ⁺ (R) + hypothermia (R)		

Current issues

Issue	Intervention	Current status
(1) Ruptured Liver Abscess	→ Pig-tail-in-situ = low in 24hrs → metrogyl flush TDS	
(2) (R) empyema	→ (R) ICD-in-situ ⇒ 100ml / 24hr. (pus) → Ig streptococcus	* 2 more doses
(3) Hypok ⁺ = Resolved		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning Evening	ABG/VBG	Time- Morning Evening	ET size Fixed at
Delta P/PS		PH		Changed on
PEEP	O ₂ via NP @ 24min	PCO2		VAP---
MAP		HCO3		ICDT---- (drain volume) other drains
RR (T/Vent)		BE		
VT _E /VT _I		PO2		
Min Vent		OI		
FiO ₂ / SPO ₂	→ 100%	ICa		
C/R	lung collapse	P/F ratio		
CXR/USG		Anion Gap		
Examination + Other issues with	B/L Ate ⊕ (R < L)			

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : <u>Vaani</u>	Age/Sex : <u>3yr / Female</u>	Date : <u>01/4/25</u>
CR/REGD. No. : <u>21966</u>	CGHS No. :	OPD/Wd :
Clinical Diagnosis :		
Unit Incharge : <u>Kindly give duplicate report of UFT, RFT, S/C</u>	Signature : <u>Dr. Parvanka</u>	

6:00 PM

1. Blood Sugar :

F :
PP : mg/dl (70-110)
R : mg/dl (90-160)

2. Kidney Function Test :

Urea : 18 mg/dl (70-140)
Creatinine : 0.1 mg/dl (15-45)
Uric Acid : 6.2 mg/dl (0.6-1.2)

3. Liver Function Test :

Total Bil : 2.4 mg/dl (0.2-1.2)
Direct Bil : 1.6 mg/dl (0.1-0.3)
In. D. Bil : mg/dl (0.2-1.1)
SGOT : 42 U/L (15-50)
SGPT : 29 U/L (15-50)
Alk. Phos : 200 U/L (50-130)
GGT : U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : 5.2 gm/dl (6.0-8.0)
Albumin : 1.8 gm/dl (3.5-5.5)
Globulin : 3.4 gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : mg/dl (130-230)
HDL Chol. : mg/dl (30-65)
LDL Chol. : mg/dl (50-150)
VLDL Chol. : mg/dl (upto 40)
Triglyceride : mg/dl (50-200)

7. Cardiac Profile :

CPK : U/L (50-200)
CK-MB : U/L (upto 25)
LDH : U/L (110-240)
SGOT : U/L (15-50)

8. Iron Profile :

T. Iron : µg/dl (60-150)
TIBC : µg/dl (250-400)
UIBC : µg/dl (150-250)
Saturation : % (20-35)

9. Others :

S. Amylase : U/L (30-110)
S. Lipase : U/L (23-300)
S. Magnesium : mg/dl (1.6-2.3)
Ammonia (NH₃) : µmol/L (9-30)
Lactate : mmol/L (0.7-2.1)

6. S. Electrolytes :
Sodium : 132 mmol/L (130-150)
Potassium : 3.8 mmol/L (3.5-5.5)
Chloride : 92 mmol/L (95-110)
Calcium : mg/dl (8.5-10.5)
Phosphorus : mg/dl (2.5-5.5)

डा. राम मनोहर लोहिया अस्पताल
(विकिरण विभाग)

A.B.V.I.M.S. &
DR. RAM MANOHAR LOHIA HOSPITAL
(Department of Radiology)

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

यूनिट का नाम
Name of Unit

रोगी का नाम
Name of Patient

के.सं.स्वा. योजना कार्ड सं.
C.G.H.S. Card No.

संक्षिप्त वैद्यकीय टिप्पणी
Brief Clinical Notes

अपेक्षित जांच
Examination Required

अनंतिम निदान
Provisional Diagnosis

तारीख
Date

आयु/लिंग
Age/Sex

वार्ड/बा.रो.वि.
Ward/O.P.D.

नाम
Name

भेजने वाले डॉ. का नाम
Referred by

रिपोर्ट सं.
Report No.

बिस्तर सं.
Bed No.

आयु/लिंग
Age/Sex

दिनांक
Date

विकिरण विज्ञानी के हस्ताक्षर
Signature of Radiologist

एक्सरे/अल्ट्रासाउंड रिपोर्ट
X-RAY/ULTRASOUND REPORT

6/11/25
him - 13cm. in size
A liver abscess of
volume - (110 cc) is
seen in segment - VII
Subcapsular in location
No shadow sent
is seen. predominantly
organized content
QB - Parakalmy thickened
liver

UBD (PND)
Pain - Abdominal
Spleen - 8cm (N)
no SI

UB - Empty
mild ascites

चिकित्सक के हस्ताक्षर
Signature of Clinician
Dr. Bisharish R
PG Resident
Department of Pediatric
Abvims & RML Hospital
New Delhi-110001

मैं अपने रोगी / I am willing for
सामान्य संचारण के अ
sedation/general anae

NOTES :-
1 संख्या 15 (मुख्य
me to room No. 1
सी. टी. जांच का
ant should be f
enhanced.
साराब हो या हि
out of order

H-1500

503005 NX

12/30

नई दिल्ली

DLHI

5

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
विकिरण निदान विभाग
ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
Department of Radiodiagnosis



Name: Vani	Age/Sex: 3 Y/ Female	Mobile number:
UHID/ CR No: 39168	OPD/Ward/ICU: IPD	Referred by: Dr.
CT no. 2160	Date of Study: 12/04/2025	Date of reporting: 14/04/2024

CECT Chest+ Abdomen

Clinical details: right lobe liver abscess (ruptured)

CECT chest and abdomen taken in flash mode.

Imaging findings:

Abdomen

Liver measures 13.4 cm (CC), enlarged in size. A large well-defined collection with thick irregular enhancing wall of mean HU 25 is noted in right lobe of liver, measuring 7.2 x 8.56 x 8.4 cm (TRA X AP X CC) (volume- 270 cc). The wall is not visualized in the superolateral aspect where the collection appears to be communicating with the right pleural fluid and peritoneum. There is free fluid in right pleural cavity of maximum separation thickness 23 mm and gross ascites of mean HU 20 in the peritoneum. Right branch of portal vein appears attenuated proximally and not seen distally. Right hepatic vein is not visualized? thrombosed. Beaver's tail is noted.

Left portal vein, middle and left hepatic veins are normal in caliber, contrast opacification.

Gall bladder is partially distended. There is reactive oedema of wall.

Spleno portal axis appears normal in course and contrast opacification.

Spleen measures 5.8 cm, normal in size, attenuation and post contrast enhancement.

Pancreas appears normal in morphology, attenuation and post contrast enhancement. MPD is normal in caliber.

Bilateral kidneys appear normal in size, attenuation. Mild dilatation of pelvi-calyceal system is noted.

Aorta appears normal.

No significant lymphadenopathy is noted.

Pelvis: - Urinary Bladder appears minimally distended.

CECT Chest

There is free fluid in right pleural cavity of maximum separation thickness 23 mm with underlying collapse of right middle, lower lobe evident in the form of pulling up of right hemidiaphragm upwards. ICD tip is noted within the right pleural cavity.

Fibro-atelectatic changes are noted in posterobasal segment of left lower lobe, right upper lobe.

Few homogeneously enhancing lymph nodes, subcentimetric in size are noted in right upper paratracheal region, largest of size 7 mm in SAD.

Rest of the bilateral lung fields appear normal.

Harika
resident
Jr. Radiologist
a
rent
Hospital

Ward: Rack: 33

Comment:
Morph. Count

~~47.61~~ $[10^3/uL]$ 17600/4p
 WBC 3.33 $[10^6/uL]$
 HGB 8.3 [g/dL]
 HCT 26.4 [%]
 MCV 79.3 [fL]
 MCH 24.9 [pg]
 MCHC 31.4 [g/dL]
 PLT 102 $[10^3/uL]$ 124ksp
 RDW-SD 65.5 + [fL]
 RDW-CV 23.7 + [%]
 PDW 12.9 * [fL]
 MPV 10.1 * [fL]
 P-LCR 28.3 * [%]
 PCT 0.10 * [%]
 NRBC 0.02 $[10^3/uL]$ 0.1 [%]
 NEUT 12.69 * $[10^3/uL]$ 72 72.1 * [%]
 LYMPH 2.56 * $[10^3/uL]$ 15 14.5 * [%]
 MONO 2.01 * $[10^3/uL]$ 11 11.4 * [%]
 EO 0.32 $[10^3/uL]$ 02 1.8 * [%]
 BASO 0.03 $[10^3/uL]$ 0.2 * [%]
 IG 0.21 * $[10^3/uL]$ 1.2 * [%]
 RET [%]
 IRF [%]
 LFR [%]
 MFR [%]
 HFR [%]
 RET-He [pg]
 IPF [%]
 WBC-BF $[10^3/uL]$
 RBC-BF $[10^6/uL]$ [%]
 MN $[10^3/uL]$ [%]
 PMN $[10^3/uL]$
 TC-BF# $[10^3/uL]$

WBC IP Message
 Neutrophilia
 Monocytosis
 IG Present
 Atypical Lympho?

RBC IP Message
 Anisocytosis
 Anemia

Text

WD. OGY

ई दिल्ली
 L, NEW DELHI

D दिनांक
 Date: 20/4/25

व.रो.वि./के.स.स्वा.यो.
 D/CGHS/CR NO. 21966
 विस्तर सं.
 Bed No. 4

Dr. Kumar Rudradip
 Resident
 ABVIMS & RML
 New Delhi-11000

RE

ESC

गणना

Shil Count

शिकाएँ

RB

5.
 T.
 HD
 LD
 VLI
 Trig

min.

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
रक्त की जाँच
EXAMINATION OF BLOOD

नाम Patient's Name VANI
प्रभारी चिकित्सक Dr. Incharge
रोगवृत्त Clinical History
अन्तिम निदान Prov Diagnosis
यूनिट अध्यक्ष Head of Unit
आयु-लिंग Age-Sex 37/F
वार्ड Ward/OPD EDU
दिनांक Date: 20/11/25
ब.रो.वि./के.स.स्वा.यो. OPD/CGHS/CR NO. 21966
बिस्तर सं. Bed No. 64

PT 2NR & aPTT

Dr. Kumar Rudraditya Sahoo
Postgraduate Resident
ABVIMS & ES
Signature of Clinician
New Delhi-110001

a Sahoo
rent
spital
11

रिपोर्ट
Report

ई.एस. आर (वेस्टरग्रेन)
ESR (Westergren).....mm 1sr Hr.

हीमोग्लोबिन
Haemoglobin.....gm%

कुल डब्ल्यू बी. सी.
Total WBC...../cumm

विशिष्ट श्वेत कोशिका गणना
Differential Leucocyte Count

पोलीमर्फ
Polymorphs.....%

लिम्फोसाइट
Lymphocytes.....%

इयोसिनोफिल
Eosinophil.....%

मोनोसाइट
Monocytes.....%

बेसोफिल
Basophils.....%

अन्य
Other.....%

प्लेटलेट गणना
Platelet Count...../cumm

पूर्ण इयोसिनोफिल गणना
Absolute Eosinophil Count...../cumm

कुल लाल रक्त कोशिकाएँ
Total RBC...../cumm

पी. सी. वी.
PVC.....%

एम. सी. वी.
MCV.....FL

एम. सी. एच.
MCH.....%

एम. सी. एच. सी.
MCHC.....%

आर.डी.डब्ल्यू
RDW...../cumm

रेटिक्यूलोसाइट गणना
Reticulocytes count.....%

रक्तस्राव का समय
Bleeding

Time.....min.....sec

जमने का समय
Clotting time.....min.....sec

Kumar

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

REGD. No. : 21966 Age/Sex : 3yr/f Date : 20/4/25
CGHS No. : _____ OPD/Wd : HDO
Incharge : Bio & CRP
Signature : K. K. Sahoo
K. K. Sahoo
Resident
Pediatric Department
RML Hospital
New Delhi-110001

Blood Sugar :

..... mg/dl(70-110)
..... mg/dl(90-160)
..... mg/dl(70-140)

Kidney Function Test :

Urea : mg/dl(15-45)
Creatinine : mg/dl(0.6-1.2)
Uric Acid : mg/dl(2.5-6.0)

3. Liver Function Test :

Total Bil : mg/dl(0.2-1.2)
Direct Bil : mg/dl(0.1-0.3)
In. D. Bil : mg/dl(0.2-1.1)
SGOT : U/L (15-50)
SGPT : U/L (15-50)
Alk. Phos : U/L (50-130)
GGT : U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : gm/dl (6.0-8.0)
Albumin : gm/dl (3.5-5.5)
Globulin : gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : mg/dl(130-230)
HDL Chol. : mg/dl(30-65)
LDL Chol. : mg/dl(50-150)
VLDL Chol. : mg/dl(upto 40)
Triglyceride : mg/dl(50-200)

6. S. Electrolytes :

Sodium : mmol/L (130-150)
Potassium : mmol/L (3.5-5.5)
Chloride : mol/L (95-110)
Calcium : mg/dl (8.5-10.5)
Phosphorus : mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : U/L (50-200)
CK- MB : U/L (upto 25)
LDH : U/L (110-240)
SGOT : U/L (15-50)

8. Iron Profile :

T. Iron : µg/dl (60-150)
TIBC : µg/dl (250-400)
UIBC : µg/dl (150-250)
Saturation : % (20-35)

9. Others :

S. Amylase : U/L (30-110)
S. Lipase : U/L (23-300)
S. Magnesium : mg/dl (1.6-2.3)
Ammonia (NH₃) : µmol/L (9-30)
Lactate : mmol/L (0.7-2.1)

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
रक्त की जाँच
EXAMINATION OF BLOOD

नाम
Patient's Name Vaani
प्रभारी चिकित्सक
Dr. Incharge
रोगवृत्त
Clinical History
अन्तिम निदान
Prov Diagnosis
यूनिट अध्यक्ष
Head of Unit

दिनांक
Date : 22/4/25

आयु-लिंग
Age-Sex 3y 1f
वार्ड
Ward/OPD HCU
ब.रो.वि./के.स.स्वा.यो.
OPD/CGHS/CR NO. 21966
बिस्तर सं.
Bed No.

CBC CPS

Dr. Kumar Rudraditya Sahoo
PG Resident
Pediatric Department
DR. RAM MANOHAR LOHIA HOSPITAL
Signature of Clinician
Delhi-110001

रिपोर्ट
Report

ई.एस. आर (वेस्टरग्रैन)
ESR (Westergren).....mm 1sr Hr.
हीमोग्लोबिन
Haemoglobin.....gm%
कुल डब्ल्यू बी. सी.
Total WBC...../cumm
विशिष्ट श्वेत कोशिका गणना
Differential Leucocyte Count
पोलीमर्फ
Polymorphs.....%
लिम्फोसाइट
Lymphocytes.....%
इयोनोफिल
Eosinophil.....%
मोनोसाइट
Monocytes.....%
बेसोफिल
Basophilis.....%
गणना
Count...../cumm

एम्. एम्. प्रथम घंटा
mm 1sr Hr.
ग्राम
gm%
क्यू. एम्. एम्.
/cumm
एम्. सी. एच.
MCH.....%
एम्. सी. एच. सी.
MCHC.....%
आर.डी.डब्ल्यू
RDW...../cumm
रेटिक्यूलोसाइट गणना
Reticulocytes count.....%
रक्तस्राव का समय
Bleeding
Time.....min.....sec
जमने का समय
Clotting time.....min.....sec

पूर्ण इयोनोफिल गणना
Absolute Eosinophil Count...../cumm
कुल लाल रक्त कोशिकाएँ
Total RBC...../cumm
पी. सी. वी.
PVC.....%
एम. सी. वी.
MCV.....FL
एम. सी. एच.
MCH.....%
एम. सी. एच. सी.
MCHC.....%
क्यू. एम्. एम्.
/cumm

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
रक्त की जाँच
EXAMINATION OF BLOOD

नाम
Patient's Name Nauf
प्रभारी चिकित्सक
Dr. Incharge Nauf
रोगवृत्त
Clinical History Nauf
अन्तिम निदान
Prov Diagnosis Nauf
यूनिट अध्यक्ष
Head of Unit Nauf
दिनांक
Date: 24/4/24
ब.रो.वि./के.स.स्वा.यो.
OPD/CGHS/CR NO. 21966
विस्तर सं.
Bed No. Nauf

34

रिपोर्ट
Report

Dr. P. S. S. S.
Senior Resident
Department of Paediatrics
ABVIMS & Dr. Ram Manohar Lohia Hospital
New Delhi-110001

ई.एस. आर (वेस्टरग्रैन) ESR (Westergren).....mm 1sr Hr.	एम्. एम्. प्रथम घंटा mm 1sr Hr.	पूर्ण इयोनोफिल गणना Absolute Eosinophil Count	क्यू. एम्. एम्. /cumm
हीमोग्लोबिन Haemoglobin.....gm%	ग्राम gm%	कुल लाल रक्त कोशिकाएँ Total RBC	क्यू. एम्. एम्. /cumm
कुल डब्ल्यू बी. सी. Total WBC...../cumm	क्यू. एम्. एम्. /cumm	पी. सी. वी. PVC	%
विशिष्ट श्वेत कोशिका गणना Differential Leucocyte Count		एम. सी. वी. MCV	FL
पोलीमर्फ Polymorphs.....%		एम. सी. एच. MCH	%
लिम्फोसाइट Lymphocytes	%	एम. सी. एच. सी. MCHC	%
इयोनोफिल Eosinophil	%	आर.डी.डब्ल्यू RDW	/cumm
मोनोसाइट Monocytes	%	रेटिक्यूलोसाइट गणना Reticulocytes count	%
बेसोफिल Basophil.....%		रक्तस्राव का समय Bleeding Time	min.....sec.....
अन्य Other.....%		जमने का समय Clotting time	min.....sec.....
प्लेटलेट गणना Platelet Count	क्यू. एम्. एम्. /cumm		



Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg
New Delhi

LABORATORY OBSERVATION REPORT

20250302459
Miss. VANI
Female
MICROBIOLOGY
Paediatrics
Dr. Alok Hemal
ECS 3rd Floor Paed Department
Reg Date : 05/04/2025 03:01 PM
Age : 3 years 19 days
Lab Sub Centre : MICROBIOLOGY LAB
Unit Name : p3-B sat
Sample Collection Date : 24/04/2025 10:38 AM
Report Date : 26/04/2025 11:21 AM
Report Printed Date :
Sample Details : MIC-2404250272 (Blood) /MICROBIOLOGY LAB
Clinical Details :

Test Name	Observation Result	Verification Comment(s)
MICROBIOLOGY TEST - PRO-CALCITONIN	✓ NEGATIVE	Report Verification is Pending
BLOOD CULTURE		
MICROBIOLOGY TEST - BLOOD CULTURES	✓ BLOOD CULTURE STERILE.NO FURTHER REPORT SHALL BE ISSUED UNLESS SUBSEQUENT GROWTH OCCURS	Report Verification is Pending

Verified by

MICROBIOLOGY

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
रक्त की जाँच
EXAMINATION OF BLOOD

नाम Patient's Name Vam आयु-लिंग Age-Sex 34/F दिनांक Date: 27/4/25
प्रभारी चिकित्सक Dr. Incharge व.रो.वि./के.स.स्वा.यो. OPD/CGHS/CR NO. 2966
रोगवृत्त Clinical History हॉव बिस्तर सं. Bed No. 683rd
अन्तिम निदान Prov Diagnosis
यूनिट अध्यक्ष Head of Unit

चिकित्सक के हस्ताक्षर
Signature of Clinician

रिपोर्ट
Report

ई.एस. आर (वेस्टरग्रैन) ESR (Westergren).....mm 1sr Hr. एम. एम. प्रथम घंटा
हीमोग्लोबिन Haemoglobin.....gm% ग्राम
कुल डब्ल्यू बी. सी. Total WBC...../cumm क्यू. एम. एम.
विशिष्ट श्वेत कोशिका गणना Differential Leucocyte Count एम. सी. वी. MCV FL
पोलीमोर्फ Polymorphs.....% एम. सी. एच. MCH %
लिम्फोसाइट Lymphocytes% एम. सी. एच. सी. MCHC %
इयोनोसिनोफिल Eosinophil% आर.डी.डब्ल्यू RDW/cumm
मोनोसाइट Monocytes% रेटिक्यूलोसाइट गणना Reticulocytes count %
S.....% रक्तस्राव का समय Bleeding Timemin.....sec
.....% जमने का समय Clotting timemin.....sec
क्यू. एम. एम. /cumm

30/11/25

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

यूनिट का नाम
Name of Unit

HRD

रोगी का नाम
Name of Patient

Vaani

के.सं.स्वा. योजना कार्ड सं.
C.G.H.S. Card No.

21966

तारीख
Date

28/11/25

आयु/लिंग
Age/Sex

3y/F

वार्ड/बॉथ/वि.
Ward/O.P.D.

HRD - ECS
3rd floor

नाम
Name

भेजने वाले डॉ. का नाम
Referred by

रिपोर्ट सं.
Report No.

संक्षिप्त नैदानिक टिप्पणी
Brief Clinical Notes

Ruptured lower abscess
in situ (21/11)

बिस्तर सं.
Bed No.

enphyema in situ

संयोजित जांच

Examination Required

प्रारंभिक निदान

Provisional Diagnosis

दिनांक
Date

USG w/a + chest → Bedside

चिकित्सक के हस्ताक्षर
Signature of Physicians

Dr. Manohar Lohia Hospital

USG w/a (Bedside)
Liver: Enlarged; An ill
defined heterogeneous
hyperechoic lesion
seen in R lobe
of liver of ~16cm
in predominantly
organized content.
No free fluid seen in
subphrenic cavity.
seen communicating
to R pleural cavity.
GS: minimally distended
CS (R)
Pancreas: Visualized head &
body (R).
Rest obscured
in situ, phase
of calcification
seen.
B/L kidneys

विकिरण विज्ञानी के हस्ताक्षर
Signature of Radiologist

Dr. Manohar Lohia Hospital

नाम/Name
दिनांक/Date