टेली कार्डियोलॉजी अपॉइंटमेंट
मोबाइल नंबर 8929936750
समय सुबह 9:30 बजे से
5:00 बजे (सोमवार से शुक्रवार) तक।

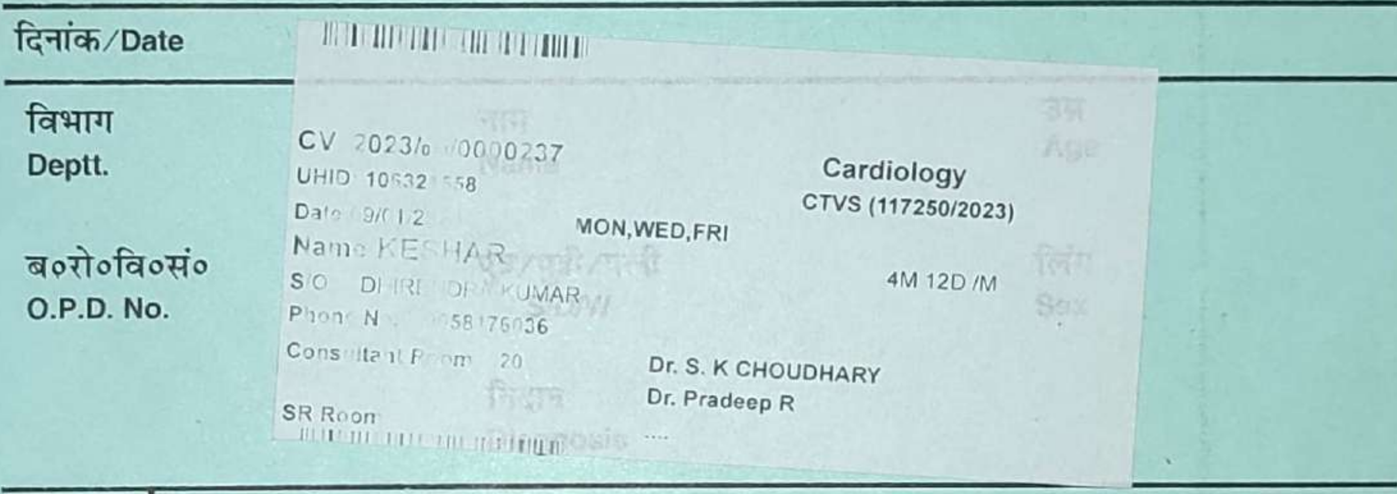
हृदय रोग विज्ञान/सीटीवीएस ओपीडी
CARDIOLOGY/CTVS OPD
सोमवार/बुधवार/शुक्रवार
Monday/Wednesday/Friday
दोपहर के बाद
Afternoon

# हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
## ब० रो० वि०
## अ० भा० आ० सं०, नई दिल्ली-110029
# Cardiothoracic & Neurosciences Centre, O.P.D.
# A.I.I.M.S., New Delhi-110029

दिनांक/Date

विभाग
Deptt.

ब०रो०वि०सं०
O.P.D. No.



CV 2023/0 /0000237
UHID 10632 558
Date 9/01/2
MON,WED,FRI
Cardiology
CTVS (117250/2023)
Name KESHAR
S/O DHIRENDRA KUMAR
4M 12D /M
Phone No. 058176036
Consultant Room 20
Dr. S. K CHOUDHARY
Dr. Pradeep R
SR Room

R-20
9/1/23

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

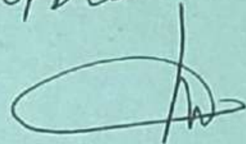
दिनांक
Date

9-1-23.

To
Dr. Abhinay
CTy ward

$SpO_2 \rightarrow 86\%$
Wt → 5.8kg
H.R → 148bpm

kindly check $SpO_2$ & weight of child & note in OPD card



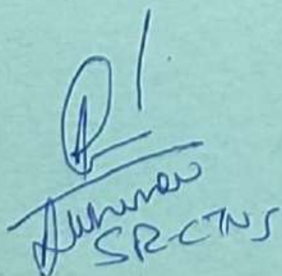
13/1/23

To Remi on 18/1/23 Wednesday

(HARE)

Accepted for AVSD repair ↓
Dr S. K Chaudhary

- Deposit 60,000 in AIIMS CT patient A/c
- Deposit 4 blood in CNC blood bank
- Review after


SR-CTVS

R-21 (27)
09/01/23

Down Syndrome (↓ Hn at Genetics)

Δ Complete Balanced AVSD
Mod - Sev. AVVR
Mod. PDA (L>R)
(N) Vent. ф.

Clinically, FTT (+), Flow murmur (+)

- CXR → CE (+), ↑ PBF
- ECG → NSR, Axis ~ 90°, BVH. LAE.
- Hb - 10.9 gm%
- TSH - (N).

Adv

- Refer to CTVS / (37) for AVSD Repair + PDA ligation
- Cont. Rx.

9/1/23

हृदय रोग विज्ञान / सीटीवीएस ओपीडी
CARDIOLOGY/CTVS OPD
सोमवार / बुधवार / शुक्रवार
Monday/Wednesday/Friday
दोपहर के बाद
Afternoon

119328
6/1/23

टेली कार्डियोलॉजी अपॉइंटमेंट
मोबाइल नंबर 8929936750
समय सुबह 9:30 बजे से शाम
5:00 बजे (सोमवार से शुक्रवार) तक

# हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
बo रोo विo
अo भाo आo संo, नई दिल्ली-110029

# Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक/Date

CV 2023/014/0000237 ₹0 Cardiology
UHID: 106321558 Paed.Cardiology
Date 04/01/2023 Dr. Zia Abdullah

विभाग
Deptt.

Name KESHAR 4M 7D /M
S/O DHIRENDRA KUMAR
Phone No. 9058176036

बoरोoविoसंo
O.P.D. No.

Consultant Room 21
SR Room 14 DR. SHATANIK

निदान
Diagnosis

Down syndrome / Complete AVSD

(12)

SpO2 - 92%

Wt 5.5 kg

Advice:

1) 2D ECHO
2) Syp Furoped 0.6 ml PO BD T 0
3) Tab Aldactone / Tb in 10ml DW 2ml T 0 BD (25mg)
4) Syp Vit D3 drop 1ml PO OD — 0 (400IU/ml)

R Ashutosh

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

भारत सरकार/Government of India

स्ना.चि.शि.अ.सं.-डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
PGIMER-Dr. Ram Manohar Lohia Hospital, New Delhi-110001

## छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

Ph: 011-23404040/23365525

| केन्द्रीय पंजीकरण संख्या CR.No. 2022 64350 | विभाग/इकाई प्रभारी का नाम- Dr V. Dewan Deptt/Name of HOU- A I P1-B | | वार्ड/रोगी कक्ष सं. Ward No. C3 F |
|---|---|---|---|
| नाम Name KESHAV | | आयु/लिंग Age/Sex 2months; male | एम.एल.सी. सं. MLC No. |
| सी.जी.एच.एस. सं. CGHS No. | भर्ती की तारीख Date of Admission 17/10/2022 | छुट्टी/मृत्यु की तारीख एवं समय- Date & Time of Discharge/Death 29/10/22 | |

छुट्टी/मृत्यु का निदान-
Diagnosis on Discharge of Case History Complete A.V Canal defect c̄ single AV valve c̄ large PDA c̄ severe PAH c̄ pneumonia c̄ down's phenotype

मामले का संक्षिप्त सारांश-
Brief Summary of Case History

The patient was admitted with c/o fever x 8 days;
fast breathing x 8 days;

Past h/o; /Birth h/o; S/T/LSCS/CIAB/h/o bluish discoloration of hands & feet at birth → managed symptomatically & then relieved following which his symptoms improved. After 1½ months, had h/o fever, cough, fast breathing, was admitted in some pvt hospital, given i/v antibiotics; however no much improvement and referred to higher centre.

जांचो का विवरण
Details of Investigation

O/E;
- G.C: sick
- HR: 140/min
- RR: 68/min (B/L SCR+)
- CRT: <3 sec;
- Ext: warm
- PP/PV: +/good vol;

R/S:
- B/L AE (+)
- B/L crepts (+)

P/A: soft; non tender
- L/S > NP;
- B.S (+);

CVS: - S1 S2 (+);

CNS: irritable;
- AF ⊥ depressed
- tone, cry, activity } (N)
- moving all limbs (+)

Continued.....

भारत सरकार/Government of India

स्ना.चि.शि.अ.सं.-डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001

PGIMER-Dr. Ram Manohar Lohia Hospital, New Delhi-110001

## छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

Ph: 011-23404040/23365525

| केन्द्रीय पंजीकरण संख्या CR. No. 64350 | विभाग/इकाई प्रभारी का नाम- Deptt/Name of HOU- | वार्ड/रोगी कक्ष सं. Ward No. |
|---|---|---|
| नाम Name Keshav | आयु/लिंग Age/Sex | एम.एल.सी. सं. MLC No. |
| सी.जी.एच.एस. सं. CGHS No. | भर्ती की तारीख Date of Admission | छुट्टी/मृत्यु की तारीख एवं समय- Date & Time of Discharge/Death |

छुट्टी/मृत्यु का निदान-
Diagnosis on Discharge of Case History

मामले का संक्षिप्त सारांश-
Brief Summary of Case History

The 2D-Echo @ RML done s/o
- Common AV valve c mod. AV-VR (R>L)
& jet of AV-VR directed towards LA;
had large inlet VSD (L→R) shunt c large

जांचो का विवरण
Details of Investigation

Primum ASD (L→R shunt) c Complete AVSD, Rastelli type A, was admitted for AVSD repair.

The patient became afebrile; accepting orally well; minimal RD
medication :- Passing urine/stool adequately;

- Inj. meropenem : D14
- Inj. Vancomycin : D14
- Inj. fluconazole - D6
- Neb. c asthalin x 7 days;

Continued.....

उपचार/ऑपरेशन का विवरण
Treatment/Operation notes

Adv. (wt 3.6 kgs)

i) Orally allowed ad lib',

ii) Syp. furoped < 10mg/ml > - 0.4ml - BD (@ 2.1mg/kg/d)

iii) T. Aldactone (25mg dil. in 10ml D.W) - 2ml - B.D (@ 2.8mg/kg/d)

iv) Syp. PCM (125 mg/5ml) - 2ml - SOS.

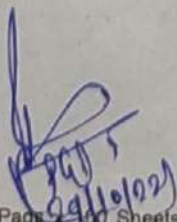
v) Syp. Vit $D_3$ (400 IU/ml) - 1ml — OD

vi) All the medications to be continued till further advise,

छुट्टी के समय दी गई सलाह तथा अनुवर्ती मुलाकात
Advice on Discharge & Follow up visits

vii) R/v in Peds Cardiac OPD on friday @ 2pm',

वरिष्ठ रेजिडेंट के हस्ताक्षर तथा मुहर
Sign & Stamp of Senior Resident



इकाई प्रभारी के हस्ताक्षर तथा मुहर
Sign & Stamp of Head of Unit

Situs: Solitus/ambiguous/inversus
Levo/Meso/Dextrocardia
Pulmonary veins number& drainage –
Normal APVD TAPVC: Supra/Cardiac/Infracardiac/mixed
IVC/SVC/LSVC-
Coronary sinus: Normal/Enlarged
**ATRIA:** Single/two
RA LA
IAS: Primum defect /Secumdum defect/ Sinus -venosus

**A-V concord./Dis**
**AV Canal:**
Partial/Incomplete/Complete/Transitional
Complete: Rastelli type A/B/C Straddling

**MITRAL VALVE :**

Single/two Annulus Supramitral ring/mitral arcade/parachute MV

Common AV Valve

*Morphology* AML- Normal/Thicking/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
PML- Normal/Thicking/Calcification/Flutter/Vegetation/Prolapse/Paradpxical Motion/Fixed Supravalvular Deformity Present/Absent
*Doppler* Normal/ Abnormal
— mod AV-VR R>L
Mitral Stenosis Present/ Absent RR interval.......................msec
EDG............mmHg MDG............mmHg MVA........cm²
Mitral Regurgitation Absent/ Trivial/ Mild/Moderate/Severe
Jet of AV-VR directed towards L.A.

**TRICUSPID VALVE**

Annulus displacement septul/ anterior/ posterior Glasco index
*Morphology* Normal/Thicking/Calcification/Flutter/Vegetation/Prolapse/Doming
*Doppler* Normal/Abnormal
Tricuspid Stenosis Present/ Absent RR interval.......................msec
EDG.........mmHg MDG.........mmHg MVA........cm²
Tricuspid Regurgitation Absent/Trivial/Mild/Moderate/Severe/Fragmented Signals
Velocity..........m/sec

ECD Partial Complete

V-A concord./Dis

**VENTRICLES:**

Liver: 6.6 Cms

LV
RV
IVS
CONUS

## AORTIC VALVE

*Morphology* Normal/Thicking/Calcification/Vegetation/Prolapse/Restricted opening No. of cusps 1/2/3/4

*Doppler* Normal/Abnormal

**Aortic Stenosis** Present/ ~~Ab~~sent Level

PSG........mmHg Aortic Annulus........mm

**Aortic Regurgitation** Absent/Trivial/Mild/Moderate/ Severe

## PULMONARY VALVE

*Morphology* Normal/Thicking/Atresia/Vegetation/Doming

*Doppler* Normal/Abnormal

**Pulmonary Stenosis** Present/Absent Level

PSG.........mmHg Pulmonary Annulus.........mmHg

**Pulmonary Regurgitation** Present/Absent

ECD......mmHg

| QUANTITIVE MEASUREMENTS | | | | | |
|---|---|---|---|---|---|
| | PATIENT | NORMAL | | PATIENT | NORMAL |
| LA | | | IVSd | | |
| LA : Ao | | | IVSs | | |
| AV area | | | LVIDd | | |
| Asc Ao | | | LVIDs | | |
| Arch Ao | | | LVPWd | | |
| Des. Ao | | | LVPWs | | |
| MPA | | | FS | | |
| RPA | | | LV-EF | | |
| LPA | | | LV Mass | | |
| Lt. coronary | | | Rt coronary | | |

Any other- Truncus/Malposition/Overriding

- (L) sided arch (+)
NO LSVC (+);
NO CoA;
NO PDA;

**PERICARDIUM**

- $SpO_2$: 80%.

**DIAGNOSIS/FINAL IMPRESSION:-**

- large inlet VSD (L → R shunt)
- large primum ASD; OM Small Secundum ASD; (L → R Shunt)
- Complete AVSD;
- Rastelli type 'A';

Imp: Complete balanced AVSD; mod- AV-VR

Adv: AVSD Repair.

**Senior Resident**

Dr. Dheeraj Bhatt
**Consultant**

GNOSTIC REPORT

Patient Ref. No. 775000001736592

SRL Diagnostics

CLIENT CODE : C000142650
CLIENT'S NAME AND ADDRESS :
SYNERGY PLUS HOSPITAL-A UNIT O FUTURISTIC MEDICARE PVT LTD
NH-2, NEAR GURU KA TAAL,
AGRA
AGRA 282007
UTTAR PRADESH INDIA
5622651100

SRL Ltd
33/100,Ground Floor,Part of Lauries Hotal,M.G Road,Near Pratap Pur
AGRA, 282001
UTTAR PRADESH, INDIA
Tel : 9111591115

PATIENT ID : KESHM131148690

PATIENT NAME : KESHAV

ACCESSION NO : 0277VJ001687 AGE : 1 Months SEX : Male

DRAWN : 13/10/2022 15:58 RECEIVED : 13/10/2022 16:59 REPORTED : 13/10/2022 17:31

REFERRING DOCTOR : DR. HAPPY VERMA DCH DNB CLIENT PATIENT ID : ICU 01

| Test Report Status **Final** | Results | | Biological Reference Interval | Units |
|---|---|---|---|---|
| **BIO CHEMISTRY** | | | | |
| **SERUM BLOOD UREA NITROGEN** | | | | |
| BLOOD UREA NITROGEN<br>METHOD : SPECTROPHOTOMETRY | 9 | | 5 - 18 | mg/dL |
| **CALCIUM, SERUM** | | | | |
| CALCIUM<br>METHOD : SPECTROPHOTOMETRY | **8.0** | Low | 9.0 - 11.0 | mg/dL |
| **POTASSIUM, SERUM** | | | | |
| POTASSIUM<br>METHOD : ISE DIRECT | 4.10 | | 3.50 - 5.10 | mmol/L |
| **SODIUM, SERUM** | | | | |
| SODIUM<br>METHOD : ISE DIRECT | 137 | | 136 - 145 | mmol/L |
| **MAGNESIUM, SERUM** | | | | |
| MAGNESIUM, SERUM<br>METHOD : SPECTROPHOTOMETRY | 1.9 | | 1.7 - 2.3 | mg/dL |
| **CREATININE, SERUM** | | | | |
| CREATININE<br>METHOD : SPECTROPHOTOMETRY | **0.53** | High | 0.20 - 0.40 | mg/dL |
| **C-REACTIVE PROTEIN, SERUM** | | | | |
| C-REACTIVE PROTEIN | NEGATIVE | | NEGATIVE | |

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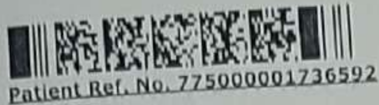
DIAGNOSTIC REPORT



Patient Ref. No. 775000001736592

SRL Diagnostics

CLIENT CODE : C000142650

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Tel : 9111591115

PATIENT ID : KESHM131148690

PATIENT NAME : KESHAV

ACCESSION NO : 0277VJ001687 AGE : 1 Months SEX : Male

DRAWN : 13/10/2022 15:58 RECEIVED : 13/10/2022 16:59 REPORTED : 13/10/2022 17:31

CLIENT PATIENT ID : ICU 01

REFERRING DOCTOR : DR. HAPPY VERMA DCH DNB

| Test Report Status **Final** | Results | Biological Reference Interval | Units |
|---|---|---|---|

**Interpretation(s)**
SERUM BLOOD UREA NITROGEN-Causes of Increased levels
Pre renal
- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
- Renal Failure

Post Renal
- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
- Liver disease
- SIADH.

CALCIUM, SERUM-Commom causes of decreased value of calcium (hypocalcemia) are chronic renal failure, hypomagnesemia and hypoalbuminemia.

Hypercalcemia (increased value of calcium) can be caused by increased intestinal absorbtion (vitamin d intoxication), increased skeletal reasorption (immobilization), or a combination of mechanisms (primary hyperparathyroidism). Primary hyperparathyroidism and malignancy accounts for 90-95% of all cases of hypercalcemia.

Values of total calcium is affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels. The following regression equation may be helpful.
Corrected total calcium (mg/dl)= total calcium (mg/dl) + 0.8 (4- albumin [g/dl])*
because regression equations vary among group of patients in different physiological and pathological conditions, mathematical corrections are only approximations. The possible mathematical corrections should be replaced by direct determination of free calcium by ISE (available with srl) a common and important source of preanalytical error in the measurement of calcium is prolonged torniquet application during sampling. Thus, this along with fist clenching should be avoided before phlebotomy.
POTASSIUM, SERUM-Hypokalemia (low K) is common in vomiting, diarrhea, alcoholism, folic acid deficiency and primary aldosteronism. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison''s disease, metabolic acidosis, acute starvation, dehydration, and with rapid K infusion.
SODIUM, SERUM-Increased in dehydration, cushing''''''s syndrome, aldosteronism Decreased in Addison''''''s disease, hypopituitarism,liver disease.
MAGNESIUM, SERUM-Moderate or severe magnesium deficiency is usually due to losses of magnesium from gastrointestinal tract or kidneys as in vomiting and diarrhoea in former and alcohol, diabetes mellitus (osmotic diuresis), loop diuretics (furosemide) and aminoglycoside antibiotics in latter.

Symptomatic hypermagnesemia is almost always caused by excessive intake with concomitant renal failure, thereby decreasing the ability of the kidneys to excrete excess magnesium.

Magnesium concentration in erythrocytes are approximately three times those of serum. Conversion factors for the units used to express magnesium concentration are:
mg/dl= meq/l x 1.22 = mmol/l x 2.43
CREATININE, SERUM-Higher than normal level may be due to:
- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
- Myasthenia Gravis
- Muscular dystrophy

C-REACTIVE PROTEIN, SERUM-Latex Agglutination

## ENDOCRINOLOGY

**THYROSCREEN PANEL**

| | Results | Biological Reference Interval | Units |
|---|---|---|---|
| **TSH 3RD GENERATION ULTRA( TSH3 - UL), SERUM** | | | |
| TSH 3RD GENERATION | 5.970 | 0.720 - 11.000 | µIU/mL |
| **FREE THYROXINE (FT4), SERUM** | | | |
| FREE THYROXINE (FT4) | 1.69 | 0.89 - 2.20 | ng/dL |

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DIAGNOSTIC REPORT

SRL Diagnostics

CLIENT CODE : C000142650
CLIENT'S NAME AND ADDRESS :
SYNERGY PLUS HOSPITAL-A UNIT O FUTURISTIC MEDICARE PVT LTD
NH-2, NEAR GURU KA TAAL,
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SRL Ltd
33/100,Ground Floor,Part of Lauries Hotal,M.G Road,Near Pratap Pura
AGRA, 282001
UTTAR PRADESH, INDIA
Tel : 9111591115

PATIENT NAME : KESHAV

PATIENT ID : KESHM131148690

ACCESSION NO : 0277VJ001680 AGE : 1 Months SEX : Male

ABHA NO :

DRAWN : 13/10/2022 13:56 RECEIVED : 13/10/2022 15:14 REPORTED : 13/10/2022 15:49

REFERRING DOCTOR : DR. HAPPY VERMA

CLIENT PATIENT ID : ICU

| Test Report Status **Final** | Results | | Biological Reference Interval | Units |
|---|---|---|---|---|

## HAEMATOLOGY

### CBC-5, EDTA WHOLE BLOOD

| Test | Results | Flag | Biological Reference Interval | Units |
|---|---|---|---|---|
| **BLOOD COUNTS, EDTA WHOLE BLOOD** | | | | |
| HEMOGLOBIN | 12.0 | | 11.5 - 16.5 | g/dL |
| RED BLOOD CELL COUNT | 3.97 | | 3.0 - 5.4 | mil/µL |
| WHITE BLOOD CELL COUNT | 7.0 | | 5.0 - 19.0 | thou/µL |
| PLATELET COUNT | 262 | | 200 - 500 | thou/µL |
| **RBC AND PLATELET INDICES** | | | | |
| HEMATOCRIT | 36.2 | | 33 - 53 | % |
| MEAN CORPUSCULAR VOLUME | **91.0** | Low | 92 - 116 | fL |
| MEAN CORPUSCULAR HEMOGLOBIN | 30.1 | | 30.0 - 36.0 | pg |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION | 33.1 | | 29.0 - 37.0 | g/dL |
| MENTZER INDEX | 22.9 | | | |
| RED CELL DISTRIBUTION WIDTH | **14.3** | High | 11.6 - 14.0 | % |
| MEAN PLATELET VOLUME | 8.1 | | 6.8 - 10.9 | fL |
| **WBC DIFFERENTIAL COUNT - NLR** | | | | |
| NEUTROPHILS | 40 | | 17 - 45 | % |
| ABSOLUTE NEUTROPHIL COUNT | **2.8** | Low | 3.0 - 9.0 | thou/µL |
| LYMPHOCYTES | 53 | | 41 - 71 | % |
| ABSOLUTE LYMPHOCYTE COUNT | 3.71 | | 3.0 - 16.0 | thou/µL |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR) | 0.8 | | | |
| EOSINOPHILS | 02 | | 0 - 3 | % |
| ABSOLUTE EOSINOPHIL COUNT | **0.14** | Low | 0.2 - 1.0 | thou/µL |
| MONOCYTES | 05 | | 4 - 7 | % |
| ABSOLUTE MONOCYTE COUNT | 0.35 | | 0.3 - 1.0 | thou/µL |
| BASOPHILS | 00 | | 0 - 1 | % |
| ABSOLUTE BASOPHIL COUNT | 00 | | 0.0 - 0.1 | thou/µL |
| DIFFERENTIAL COUNT PERFORMED ON: | EDTA SMEAR | | | |

**Interpretation(s)**
RBC AND PLATELET INDICES-
Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for

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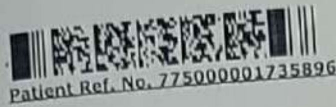
Patient Ref. No. 775000001735896

SRL Diagnostics

CLIENT CODE : C000142650
CLIENT'S NAME AND ADDRESS :
SYNERGY PLUS HOSPITAL-A UNIT O FUTURISTIC MEDICARE PVT LTD
NH-2, NEAR GURU KA TAAL,
AGRA
AGRA 282007
UTTAR PRADESH INDIA
5622651100

SRL Ltd
33/100,Ground Floor,Part of Lauries Hotal,M.G Road,Near Pratap Pura
AGRA, 282001
UTTAR PRADESH, INDIA
Tel : 9111591115

PATIENT ID : **KESHM131148690**

PATIENT NAME : **KESHAV** ABHA NO :

ACCESSION NO : **0277VJ001680** AGE : 1 Months SEX : Male

DRAWN : 13/10/2022 13:56 RECEIVED : 13/10/2022 15:14 REPORTED : 13/10/2022 15:49

REFERRING DOCTOR : DR. HAPPY VERMA CLIENT PATIENT ID : ICU

| Test Report Status **Final** | Results | Biological Reference Interval | Units |
|---|---|---|---|

diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT - NLR-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR ≥ 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients A.-P. Yang, et al. International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.

**End Of Report**

Please visit www.srlworld.com for related Test Information for this accession

Dr. Rohan Sinha, MD
Lab Head, Consultant
Pathologist

## CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the SRL Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
   i. Specimen received is insufficient or inappropriate
   ii. Specimen quality is unsatisfactory
   iii. Incorrect specimen type
   iv. Discrepancy between identification on specimen container label and test requisition form
5. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

**SRL Limited**
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

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