

PRIYANSHI GUPTA

	BEFORE	AFTER DIP DIET
Hospital Name	CMC hospital, Vellore	VOPD
Medical Condition	Insulin dependent Diabetes Type 1	Insulin Free since 15 Nov 2022
Medications Taken	Insulin Apidra 4 -5 units three times in a day before each meal and Insulin Lantus 7 units at night	DIP Diet - 100%
Physical Discomforts / symptoms	Loss of Consciousness in 21-10-22, foul smelling vaginal discharge, there was an episode of black out on 2-10-22 with suspicion of seizures. Ketones positive	Nil
Investigation	Reports available HbA1c: 15.0 (5-10-22), Random blood sugar- 487, Fasting blood sugar -361	Reports available HbA1c-5.8



CHRISTIAN MEDICAL COLLEGE
VELLORE - 4
CHILD HEALTH UNIT I
PAEDIATRIC ENDOCRINOLOGY AND METABOLISM

DISCHARGE SUMMARY

Consultants

Dr. ANNA SIMON MD, DCH, FRCP(Edin).

Dr. LENI GRACE MATHEW MD, DCH,

MRCPCH

Dr. SARAH MATHAI NEE ABRAHAM DCH,
DNBE, PhD (Paed Endo)

Dr. URMI GHOSH MBBS, DCH, Dip. NB

Dr. SOPHY KORULA MD, DCH, MRCPCH(UK)

Dr. RIKKI RORIMA JOHN DCH, DNB (Paed)

Dr. ARUL PREMANAND LIONEL B. DCH,

DNB (Paed), Fellow (Paed. Gastro)

Dr. DEEPTHI BODDU MBBS, DNB, DM (Paed.

Onc)

Email child1@cmcvellore.ac.in

Tel (0416) 2222102 Extn: 3350/3341

Fax/Web (0416) 2232035/2232103

Name : PRIYANSHI GUPTA

Age : 10

Sex : Female

Ward : Q5NORTH

Hospital Number : 949445P

MRDNo : 811149J

Admitted On : 14-Oct-2022

Discharged On : 18-Oct-2022

Address : DEEP NAGAR ROAD NO.3

PATNA CITY

PATNA

BIHAR

Pincode : 800008

Diagnosis:

**TYPE 1 DIABETES MELLITUS - NEWLY DIAGNOSED
GAD AND IA2 POSITIVE
HYPOVITAMINOSIS D**

Presenting Complaints

DOB - 13/12/2011

10 year 10 month old from Patna presented with an episode of black out on 2/10/2022 with suspicion of seizure. There were no tonic clonic movements, uprolling of eyes or loss of consciousness. She was taken to a local doctor who has checked a sugar and found it to be 487mg/dl. She was referred to AIIMS patna where she was diagnosed with diabetic ketoacidosis (pH = 7.362, HCO₃ = 15.4, Urine glucose 3+, Ketones positive (50mg/dl) and glucose fasting 361mg/dl). She was treated with a saline bolus over 1 hour and referred to a another center for admission.

She was admitted in Apollo Mumbai from 4/10/2022 - 8/10/2022. On arrival, her ph was 7.28 and she recieved another normal saline bolus and was started on treatment with insulins. HbA1c was 15. Gradually she was changed to subcutaneous insulin with Inj. Humalog 7u-8u-7u and Inj. Lantus 10u. Both delivery devices were pens, she was injecting only in her thighs.

There was no history of thyroid disorder, coeliac disease or skin changes. Her stools were normal. There was no history of recurrant abdominal pain.

She has history of foul smelling discharge PV since 1 month. Prior to presentation, this had turned brown (?menarche).

She has a history of laparoscopic appendicectomy on 17/5/2019 at 8 years of age.



Printout Taken on : 18-Oct-2022 11:40

Accredited by the NABH

There was history of hypothyroidism in both parents.

She is the first born to non consanguinous parents born by LSCS in the hospital at term. She cried at birth and had a birth weight of 3kg. She had neonatal jaundice and was treated with phototherapy for 3 days.

She is developmentally normal for age and immunised appropriately. She was on a normal diet.

Salient Clinical Findings

General Examination:

She was afebrile, awake and alert.

There was no Pallor, icterus, cyanosis, clubbing, lymphadenopathy or edema.

There were no dysmorphic features or neurocutaneous markers.

Peripheries were warm, all peripheral pulses were well felt. Hydration was adequate.

Pubertal:

Thelarche stage 2

No pubarche

No adrenarche

Anthropometry:

Height : 137 cms (50th centile)
Weight : 30.9 Kgs (50th centile)
BMI : 16.4

Vital Signs:

Temperature : 98.4° F,
Heart Rate : 120/min,
Blood Pressure : 95/45mmHg,
Respiratory rate : 38/min,
CRT : < 2sec,
Saturation : 100% room air.

Systemic examination:

CVS: S1, S2 heard normally, No murmur.

R/S: Air entry bilaterally equal, no added sounds.

P/A: Flat, soft, No organomegaly. Genitalia normal, no discharge seen.

CNS: GCS:15/15, No focal Neurological deficit.

Investigations

12/10/2022	HBA1 C (GLYCOSYLATED Hb)	13.6	%	<5.7
12/10/2022	URINALYSIS ROUTINE	Auto Validated		
	RBC:21 /hpf, WBC:4-5 /hpf, EC:0-1 /hpf, BACT:PRESENT, YEAST			
	CELLS:NIL, MUCUS:NIL			
	GLUCOSE	Negative		
	BILIRUBIN	Negative		
	KETONE	Negative		
	SPECI.GRAVITY	1.006		1.015 -
1.025	BLOOD	Negative		
	PH	7.5		4.6 - 8.0
	PROTEIN	Negative		
	UROBILINOGEN	normal		
	NITRITE	Negative		
	LEUKOCYTES	2+		
	RBC		MM/cumm	M 4.4-5.9;F
3.8-5.2	WBC			
12/10/2022	CBC PROFILE			
	NE:46, LY:34, MO:10, EO:10, BA:0			
	MCV	83.1	fL	80-100
	MCH	25.5	pG	26-34
	MCHC	30.7	%	31.4-36.3
	RDW	16.0	%	11.5-14.5
	TOTAL WBC	10400	/CUMM	
4,000-12,000	HB	12.8	g/dL	M 13-17;F
11-15	PLATELET COUNT	300000	/CUMM	
1,50,000-4,50,000	RBC	5.02	MM/cumm	M 4.4-5.9;F



3.8-5.2	HCT (PCV)	41.7	%	M 40-50; F
35-46	RETICS		%	0.5-2.5
12/10/2022	LFT	0.35	mg/dL	< 1.2
	BILIRUBIN TOTAL	0.17	mg%	6.0-8.5
	DIRECT	6.6	g/dL	3.5-5.0
	PROTEIN TOTAL	4.3	g/dL	< 40
	ALBUMIN	59	U/L	< 41
	AST (SGOT)	46	U/L	
	ALT (SGPT)	125	U/L	
	ALKALINE PHOSPHATASE			0.5-1.4
Adult:40-125, Child<350, Adolescent:Upto 4 X Adult	12/10/2022 CREATININE	0.60	mg%	Adults 4.5
12/10/2022 T4 (TOTAL T4 AND FREE T4)	T4	9.1	ug%	euthyroid
- 10.9	FTC	1.16	ng%	
0.89 - 1.76	TSH	2.647	μIU/ml	0.3-4.5
12/10/2022	VITAMIN D(25 OH)	7.5	ng/ml	> 30
12/10/2022	C-PEPTIDE	<0.10	ng/ml	0.8-3.85
12/10/2022	GLUTAMIC ACID DECARBOXYLASE AUTOANTIBODY (GAD AUTO	>2000	U/ml	Negative
Negative < 10; Positive > 10	12/10/2022 ISLET CELL ANTIBODY (IA2)	550	U/ml	
<7.5;Positive >7.7				

Study Date: 13-Oct-2022 - Report Approved

ULTRASOUND ABDOMEN AND PELVIS
FINDINGS:

LIVER: normal - 12.4 cm
PORTAL VEIN: normal
GB: normal
CBD: normal
SPLEEN: normal
PANCREAS: normal to the extend visualised
PARAAORTIC REGION: normal
PARA ILIAC REGION: normal
RIGHT KIDNEY:
* Measures: 8.3 cm
* Echogenicity: normal
* No hydronephrosis / calculi / cyst
LEFT KIDNEY:
* Measures: 9.1 cm
* Echogenicity: normal
* No hydronephrosis / calculi / cyst
URINARY BLADDER: normal
UTERUS: normal
OVARIES: normal
FREE FLUID: nil.

IMPRESSION:
10 year old girl with newly diagnosed type 1 DM . USG abdomen shows:
* No significant abnormality.

Dr. Ooha

Treatment Given

Basal bolus regimen with Inj Actrapid and Inj Lantus

Course In Hospital

10 year 10 month old was diagnosed to be having diabetes mellitus elsewhere and she was referred to CMCH for further managemant. She was admitted for health education and for teaching home management of her illness. She was treated with insulin and her blood glucose leveles were monitered regularly. Insulin dose was adjusted according to blood glucose levels.

Parents were educated about the nature of illness and its cause. They were also taught about need of insulin therapy with its benefits and potential side effects. Diatery consult was obtained and she was taught about diet adjustment. She was encouraged for home glucose monitoring and to increase physical activity like playing more outdoor games.



Type 1 diabetes antibody serology was obtained and ultrasound scan of abdomen was planned on OPD basis. She was discharged from ward with advise to continue therapy at home and review in OPD after 2 weeks.

Condition At Discharge

Vitals stable

Recommendations

Inj. Actrapid 5 Units S/C - 4 Units S/C- 4 Units S/C at 6 am - 12 pm - 6 pm
Inj. Lantus 7 Units S/C at 9 pm
Pre meal insulin dose adjustment according to insulin sensitivity factor of 100.

Calcitriol granules 60,000 U once a week for 6 weeks, followed by once a month for 6 month for 6 month

Diet as advised by dietician

Exercise as advised

Self blood glucose monitoring as advised

Check regular HbA1C every three months and target HbA1C less than 8 in one year

Review in Paediatric Endocrine OPD with HbA1C on 19/01/2023 with Dr Anna Simon

HYPOGLYCEMIA - HOME MANAGEMENT

Causes: Missed or delayed meals, excessive playing, inadequate carbohydrate intake or wrongly administered excess insulin

Signs and symptoms:

1. Sweating
2. Blurring of vision
3. Hunger, tiredness
4. Irritability, palpitations
5. Poor concentration, mood changes
6. Confusion
7. Seizures

If the child has the above mentioned symptoms or has a glucose reading <70 mg/dl,

* Check glucose level

* Drink 2 tablespoons of sugar water

* Retest blood glucose in 10-15 minutes, blood glucose should increase to 54-70 mg/dl

* If no response, repeat hypoglycemia treatment until a target glucose reading of 100 mg/dl.

If the hypoglycemia is not treated the child may have seizures.

Written By : Dr. MANJU JOAN INBARAJ

Checked By : Dr. SAPNA NAYAK



CHILD HEALTH UNIT I
PAEDIATRIC ENDOCRINOLOGY AND METABOLISM

Official email communication will always be from an address ending with @cmcvellore.ac.in. Please confirm this before responding to an email. Email communication is not secure and can be intercepted in transit by hackers. Please do not share any confidential information over email to avoid breach of privacy and financial loss.



Discharge Summary

Dept. of PAEDIATRICS

General Information

UHID ANM1.0000839642
IP ID ANMIP98944
Ward/Bed No SEVENTH FLOOR J WARD , J WARD, Bed no:7038
Name Ms. PRIYANSHI GUPTA
Age 10Yr 9Mth 25Days
Sex Female
Address DEEP NAGAR, ROAD NO-3, PATNA CITY, BIHAR, Patna, Bihar
Primary Consultant DR. VIJAY YEWALE AND Dr DHANYA DHARMAPALAN
 PAEDIATRICS
Date of Admission 04-Oct-2022
Date of Discharge 08-Oct-2022
Diagnosis TYPE I DIABETES MELLITUS WITH MILD DIABETIC KETOACIDOSIS

Discharge Against Medical Advice

NO

Clinical Examination

Pulse	110/min.	R.R	18/min
RS	AEBE	Temperature	98°F
CVS	S1 S2+	CNS	CONSCIOUS ALERT

Consultation Referral: DR PRASHANT PATIL PAEDIATRIC ENDOCRINOLOGIST

History of Present Illness

CHIEF COMPLAINTS LOSS OF CONSCIOUSNESS 1 EPISODE ON 2/10/22
FOUL SMELLING VAGINAL DISCHARGE SINCE 1 MONTH

History of Present Illness CHILD PRESENTED WITH C/O ONE EPISODE OF LOSS OF CONSCIOUSNESS ON 2/10/22..WAS TAKEN TO AIIMS PATNA WHERE WAS DIAGNOSED WITH DIABETES MELLITUS
PARENTS BROUGHT HER TO APOLLO FOR FURTHER MANAGEMENT
H/O FOUL SMELLING VAGINAL DISCHARGE SINCE 1 MONTH FOR WHICH GYNAECOLOGIST CONSULTED

Past History

Medical H/O APPENDICECTOMY DONE AT 6 YRS OF AGE

Course In The Hospital & Discussion

COURSE IN THE HOSPITAL : CHILD PRESENTED WITH ABOVE COMPLAINTS IN APOLLO ER
HAS H/O POLYDIPSIA, POLYPHAGIA AND POLYURIA
RBS ON ARRIVAL WAS HIGH
BLOOD GAS SHOWED PH OF 7.29
WAS VITALLY STABLE
RELEVANT INVESTIGATIONS SENT
NS BOLUS GIVEN..STARTED ON INSULIN DRIP
ADMITTED IN PICU
REPEAT BLOOD GAS NORMAL
HBA1C WAS 15 REST INVESTIGATIONS NORMAL
PAEDIATRIC ENDOCRINOLOGIST REF GIVEN
INSULIN THEN STARTED A SERRA SLIDING SCALE
PT STABLE HENCE SHIFTED TO WARDS
SUGAR MONITORING DONE
COURSE IN WARDS UNEVENTFUL
STARTED ON INJ LANTUS AND HUMALOG
SUGARS STABILISED
NO FRESH ISSUES HENCE BEING DISCHARGED
INVESTIGATIONS PLANNED ON OPD BASIS

Significant medication given IVF NS
INJ PAN
INJ INSULIN
INJ LANTUS
INJ HUMALOG

Patient's condition on discharge

Hemodynamic Condition:	STABLE	Temperature	98°F
Pulse	88/min.	R.R	24/min

ADVICE ON DISCHARGE

Diet DIET ADVICE AS PER DIETICIANS CHART

Discharge Medication INJ LANTUS 10 UNITS AT FIXED TIME (5-6 PM) TO CONTINUE

INJ HUMALOG 7 UNITS BEFORE BREAKFAST
8 UNITS BEFORE LUNCH
7 UNITS BEFORE DINNER
TO CONTINUE

15 MINUTES BEFORE MEAL AFTER CHECKING SUGAR

REGULAR SUGAR MONITORING AS ADVISED

NO INSULIN IF SUGAR LESS THAN 70

Follow Up FOLLOW UP WITH DR VIJAY YEWALE/DR DHANYA DHARMAPALAN AFETR 3 DAYS
FOLLOW UP WITH DR PRASHANT PATIL AS ADVISED.
FOLLOW UP WITH PAEDIATRICIAN AND PAEDIATRIC ENDOCRINOLOGIST IN PATNA
INVESTIGATIONS TO BE DONE ON OPD BASIS
ANTI GAD ANTIBODY
ANTI UNSULIN ANTIBODY
C PEPTIDE
FREE T4 TSH
ANTI TTG IGA ANTIBODIES
LIPID PROFILE

"In case of following (as applicable) please consult your doctor immediately"

- Worsening of any symptoms
- Onset of new pain or worsening of previous pain
- New onset of fever or fever persist
- Breathing difficulty

Name : Ms. PRIYANSHI GUPTA Age : 10Yr 9Mth 21Days Gender : Female
 UHID : ANM1.0000839642 / ANMEP69835 W/BNo/RefNo : Discharged
 SIN \ LRN : 3428787 \ 3428786 \ 1477746
 Specimen : Serum
 Ref Doctor : Dr.MINI NAMPOOTHIRI



Collected on : 04-OCT-2022 09:56:48 PM Received on : 04-OCT-2022 09:57:31 PM Reported on : 05-OCT-2022 12:10:32 AM

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
C-REACTIVE PROTEIN (CRP) C-REACTIVE PROTEIN (CRP) Method: Particle enhanced turbidimetric immunoassay (PETIA) technique	1.9	Normal: <5.0	mg/L
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD Method : Ion exchange high performance liquid chromatography (HPLC).	15.0 *	Normal < 5.7% Increased risk for Diabetes 5.7 - 6.4% Diabetes >= 6.5%	%
LIVER KIDNEY BASIC PROFILE			
BILIRUBIN SERUM(TOTAL AND CONJUGATED) BILIRUBIN, TOTAL - SERUM	1.05	Adult : Upto 1.3	mg/dL
BILIRUBIN CONJUGATED (DIRECT) - SERUM	0.05		mg/dL
BILIRUBIN UNCONJUGATED - SERUM (Calculated)	1.00	0.0 - 1.2	mg/dL
ALKALINE PHOSPHATASE - SERUM/PLASMA ALKALINE PHOSPHATASE - SERUM/PLASMA Method : PNPP , AMP Buffer -IFCC	196	Child(7 - 12 Yrs): < 300	U/L
BUN (BLOOD UREA NITROGEN) BUN (BLOOD UREA NITROGEN) Method: Urease/glutamate dehydrogenase coupled reaction)	13	Adult : 6 - 20	mg/dL
CREATININE - SERUM / PLASMA CREATININE - SERUM / PLASMA Method :	0.76 *	Child: 0.3 - 0.7	mg/dL

Name : **Ms. PRIYANSHI GUPTA** Age : **10Yr 9Mth 21Days** Gender : **Female**
 UHID : **ANM1.0000839642 / ANMEP69835** W/BNo/RefNo : **Discharged**
 SIN \LRN : **3428788 \ 1477746**
 Specimen : **Whole Blood (EDTA)**
 Ref Doctor : **Dr.MINI NAMPOOTHIRI**



Collected on : **04-OCT-2022 09:50:31 PM** Received on : **04-OCT-2022 09:50:57 PM** Reported on : **05-OCT-2022 12:42:56 AM**

LIVER KIDNEY BASIC PROFILE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
CBC			Million/ul
RBC count - Optical	4.89	4.0 - 5.2	gm%
Hemoglobin - Photometric	15.1	11.5 - 15.5	%
Packed cell volume(Calculated)	40.5	35 - 45	fl
MCV - Measured	82.8	77 - 95	pg
MCH(Calculated)	30.9	25 - 33	g/dl
MCHC(Calculated)	32.4	31 - 37	%
RDW - Measured	15.5 *	11.6 - 14.0	$10^3/\text{mm}^3$
Platelet count - Optical	189	170 - 450	μm^3
MPV - Measured	8.8		$10^3/\text{mm}^3$
WBC count - Peroxidase method	7.07	5 - 15	%
Differential count - Peroxidase method / Microscopy			
Neutrophils	48	40 - 62	%
Lymphocytes	36 *	38 - 42	%
Eosinophils	10 *	02 - 06	%
Monocytes	05 *	0 - 3	%
Basophils	01	0 - 1	%
Report Status:Final			

* END OF REPORT *

CHECKED BY : 1079642
153534

Nandini

Printed On : 08-OCT-2022 04:21:06 PM

Dr Nandini Vyas
Pathologist
DNB (Pathology)

Page 1 of 1

For enquires, appointments contact **022 - 3350 3350**

Regd. Office: Apollo Hospitals Enterprise Limited, No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028. CIN: L85110TN1979PL008035
 Apollo Hospitals, Plot #13, Parsik Hill Road, Off Uran Road, Sector - 23, CBD Belapur, Navi Mumbai-400 614, Maharashtra, India | T: +91 22 3350 3350 | Fax No.: +91 22 27533080 | Emergency No.: 1066 E: info@apollohospitals.com | mumbai.apollohospitals.com For online appointment: www.askapollo.com

1066

Keep the records carefully and bring them along during your next visit to our Hospital

PRITHVISH GUPTA

Years Female IPNO:ANMIPSS944

id No. 4039C 4th Flr ICU C Ward

ID:ANMIP.000039642

MAY VENKLE AND Dr. DHANYA D



DIABETIC CHART

Date	Time	Blood Sugar (mg/dL)	Informed To	Time of Information	Drug Insuling / Oral Hypoglycemic	Dose	Route	Site*	Doctor's Signature <small>(Not applicable for sliding scale orders)</small>	Nurse's Signature
5/10/22	4pm	249	Dr. shangyi	4pm	HAI	2mlh	IV	Rash han	Sh	Hls 60
5/10/22	6pm	245	Dr. shangyi	6pm	HAI	2mlh	IV	Rash han	Sh	Nls
5/10/22	7pm	189	Dr. sharanya	7pm	Nothing				Sharanya	Nls
6/10/22	1am	242	Dr. Aalcah	1am	Hy. H. Actrapid	6unit	s/c	Rt hand		Vanitha
6/10	5am	67	Dr. Aakarsh	5:31 ^{am}	Nothing advised					Vanitha
6/10	9am	253	Dr. Aakarsh	9:10am	Hy. H. Actrapid	6unit	s/c	Lt hand		Jin 993
6/10	1pm	131	Dr. Poonam	1:05pm	Hy. H. Actrapid	3unit	s/c	Rt hand		Jin 993
6/10	5pm	138	Dr. Poonam	5:10pm	Hy. H. Actrapid	3unit	s/c	Lt hand		Jin 993
6/10	9pm	158	Dr. Poonam	9:05 ^{pm}	Hy. H. Actrapid	3unit	s/c	Rt hand		Vanitha 1602
6/10	1am	311	Dr. Poonam	1:03 ^{am}	Hy. H. Actrapid	9unit	s/c	Lt hand		Vanitha 1602
6/10	5am	88	Dr. Poonam	-	Nothing advised					Vanitha
7/10	9am	272	Dr. Poonam	9:10am	Hy. H. Actrapid	9unit	sk	Rt hand		Jin 993

*To be written in case of IM & Transdermal patches

Name	: PRIYANSHI GUPTA	Age	: 12 Years
Lab No.	: 385483190	Gender	: Female
Ref By	: SELF	Reported	: 3/5/2023 3:59:31PM
Collected	: 3/5/2023 9:16:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Patna Lab II
Collected at	: ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA		: R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
------------------	----------------	--------------	---------------------------


SwasthFit Super 2

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT;CBC (Electrical Impedence & Flow)			
Hemoglobin	12.60	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	42.10	%	36.00 - 46.00
RBC Count	4.75	mill/mm3	3.80 - 4.80
MCV	88.60	fL	83.00 - 101.00
MCH	26.50	pg	27.00 - 32.00
MCHC	29.90	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	14.30	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.72	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	53.50	%	40.00 - 80.00
Lymphocytes	30.10	%	20.00 - 40.00
Monocytes	3.80	%	2.00 - 10.00
Eosinophils	12.40	%	1.00 - 6.00
Basophils	0.20	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.06	thou/mm3	2.00 - 7.00
Lymphocytes	1.72	thou/mm3	1.00 - 3.00
Monocytes	0.22	thou/mm3	0.20 - 1.00
Eosinophils	0.71	thou/mm3	0.02 - 0.50
Basophils	0.01	thou/mm3	0.02 - 0.10
Platelet Count	137	thou/mm3	150.00 - 410.00
Mean Platelet Volume	14.1	fL	6.5 - 12.0

Note



Name	: PRIYANSHI GUPTA	Age	: 12 Years
Lab No.	: 385483190	Gender	: Female
Ref By	: SELF	Reported	: 3/5/2023 3:59:31PM
Collected	: 3/5/2023 9:16:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Patna Lab II
Collected at	: ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA		: R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood





Name	: PRIYANSHI GUPTA	Age	: 12 Years
Lab No.	: 385483190	Gender	: Female
Ref By	: SELF	Reported	: 3/5/2023 3:59:31PM
Collected	: 3/5/2023 9:16:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Patna Lab II
Collected at	: ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA		: R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014

Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM			
Creatinine (Jaffe Compensated)	0.49	mg/dL	<0.79
Urea (Urease UV)	11.70	mg/dL	15.00 - 36.00
Urea Nitrogen Blood	5.46	mg/dL	7.00 - 16.80
BUN/Creatinine Ratio	11		
Uric Acid (Enzymatic Colorimetric)	4.70	mg/dL	2.5 - 5.9
AST (SGOT) (IFCC without P5P)	23.6	U/L	<51
ALT (SGPT) (IFCC without P5P)	14.1	U/L	<39
GGTP (IFCC)	8.0	U/L	<31.00
Alkaline Phosphatase (ALP) (IFCC)	198.00	U/L	<312
Bilirubin Total (Diazo)	0.37	mg/dL	<1.10
Bilirubin Direct (Diazo)	0.17	mg/dL	<0.20
Bilirubin Indirect (Calculated)	0.20	mg/dL	<1.10
Total Protein (Biuret)	7.17	g/dL	6.00 - 8.00
Albumin (BCG)	4.70	g/dL	3.80 - 5.40
A : G Ratio (Calculated)	1.90		0.90 - 2.00
Globulin(Calculated)	2.47	gm/dL	2.0 - 3.5
Calcium, Total (NM-BAPTA)	9.38	mg/dL	8.8 - 10.8
Phosphorus (Molybdate UV)	4.53	mg/dL	3.2 - 5.7
Sodium (Indirect ISE)	152.70	mEq/L	132.00 - 141.00



Name	: PRIYANSHI GUPTA	Age	: 12 Years
Lab No.	: 385483190	Gender	: Female
Ref By	: SELF	Reported	: 3/5/2023 3:59:31PM
Collected	: 3/5/2023 9:16:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Patna Lab II
Collected at	: ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA		: R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
Potassium (Indirect ISE)	4.36	mEq/L	3.40 - 4.70
Chloride (Indirect ISE)	111.10	mEq/L	97 - 107

Note

- Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
- eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
- The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

LIPID SCREEN, SERUM

Cholesterol, Total (CHOD-PAP)	107.20	mg/dL	<200
Triglycerides (GPO-PAP)	66.50	mg/dL	<150.00
HDL Cholesterol (Homogenous Enzymatic Colorimetric)	40.30	mg/dL	>50
LDL Cholesterol, Calculated (Calculated)	53.60	mg/dL	<100.00
VLDL Cholesterol, Calculated (Calculated)	13.30	mg/dL	<30.00
Non-HDL Cholesterol (Calculated)	67	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220



Name	: PRIYANSHI GUPTA	Age	: 12 Years
Lab No.	: 385483190	Gender	: Female
Ref By	: SELF	Reported	: 3/5/2023 3:59:31PM
Collected	: 3/5/2023 9:16:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Patna Lab II
Collected at	: ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA		: R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

- Note**
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
 - NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
 - Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
 - NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
 - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
 - Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



Name : PRIYANSHI GUPTA	Age : 12 Years
Lab No. : 385483190	Gender : Female
Ref By : SELF	Reported : 3/5/2023 3:59:31PM
Collected : 3/5/2023 9:16:00AM	Report Status : Final
A/c Status : P	Processed at : Patna Lab II
Collected at : ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA	R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	5.8	%	4.00 - 5.60
Estimated average glucose (eAG)	120	mg/dL	

Interpretation

HbA1c result is suggestive of at risk for Diabetes (Prediabetes)/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults ≥ 18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	≥ 6.5	< 7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



Name : PRIYANSHI GUPTA	Age : 12 Years
Lab No. : 385483190	Gender : Female
Ref By : SELF	Reported : 3/5/2023 3:59:31PM
Collected : 3/5/2023 9:16:00AM	Report Status : Final
A/c Status : P	Processed at : Patna Lab II
Collected at : ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA	R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)			
Glucose Fasting	114.00	mg/dL	70.00 - 100.00

THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	1.38	ng/mL	0.91 - 2.18
T4, Total	9.35	µg/dL	5.91 - 13.20
TSH	3.78	µIU/mL	0.51 - 4.30

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



Name : PRIYANSHI GUPTA	Age : 12 Years
Lab No. : 385483190	Gender : Female
Ref By : SELF	Reported : 3/5/2023 3:59:31PM
Collected : 3/5/2023 9:16:00AM	Report Status : Final
A/c Status : P	
Collected at : ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA	Processed at : Patna Lab II R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

URINE EXAMINATION, ROUTINE; URINE R/E, AUTOMATED
 (Urine Automated Chemistry & Microscopy)

Physical

Colour	Pale Yellow		Pale Yellow
Specific gravity	1.015		1.000 -1.030
Ph	6.0		5.0 - 8.0

Chemical

Proteins	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative
Blood	Negative		Negative
Leukocyte esterase	Negative		Negative
Nitrite	Negative		Negative
Ascorbic Acid	Negative		Negative

Microscopy

RBC	0.00	/hpf	0.0 - 2.0
Pus cells	0.20	/hpf	0.0 - 5.0
Epithelial cells	0.50	/hpf	0.0 - 5.0
Calcium oxalate monohydrate crystals	0.00	/hpf	0.0 - 0.99
Calcium oxalate dihydrate crystals	0.00	/hpf	0.0 - 0.99
Triple Phosphate crystals	0.00	/hpf	0.0 - 0.99
Uric acid crystals	0.00	/hpf	0.0 - 0.99
Calcium Phosphate	0.00	/hpf	0.0 - 0.99
Cystine crystals	0.00	/hpf	0.0 - 0.99
Leucine crystals	0.00	/hpf	0.0 - 0.99
Tyrosine crystals	0.00	/hpf	0.0 - 0.99
Amorphous urates crystals	0.00	/hpf	0.0 - 0.99
Amorphous phosphate crystals	0.00	/hpf	0.0 - 0.99



Name : PRIYANSHI GUPTA	Age : 12 Years
Lab No. : 385483190	Gender : Female
Ref By : SELF	Reported : 3/5/2023 3:59:31PM
Collected : 3/5/2023 9:16:00AM	Report Status : Final
A/c Status : P	
Collected at : ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD, INDRALOK NAGAR, NEAR IRON FA FACTORY, PATNA	Processed at : Patna Lab II R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
Hyaline casts	0.00	/hpf	0.0 - 5.0
Hyaline-Granular casts	0.00	/hpf	0.0 - 0.99
Granular casts	0.00	/hpf	0.0 - 0.99
RBC casts	0.00	/hpf	0.0 - 0.99
WBC casts	0.00	/hpf	0.0 - 0.99
Fatty casts	0.00	/hpf	0.0 - 0.99
Waxy casts	0.00	/hpf	0.0 - 0.99
Microorganism Casts	0.00	/hpf	0.0 - 0.99
Yeast cells	0.00	/hpf	0.0 - 1.0
Bacteria Rod	0.00	/hpf	0.0 - 80.0
Bacteria cocci	11.20	/hpf	0.0 - 80.0
Mucus	4.80	/hpf	0.0 - 80.0
Others	0.00	/hpf	

Dr Binay Kumar.
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Jugnu Kishore
Consultant Biochemist
Dr Lal PathLabs Ltd

Dr Manju Sharma
DCP, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Dr Suryakant Nirala
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr. Shambhwi Sharma
MD Pathology
Consultant Pathologist

Dr. Shalini Sinha
MBBS, DCP
Chief of Lab

-----End of report -----



Name	: PRIYANSHI GUPTA	Age	: 12 Years
Lab No.	: 385483190	Gender	: Female
Ref By	: SELF	Reported	: 3/5/2023 3:59:31PM
Collected	: 3/5/2023 9:16:00AM	Report Status	: Final
A/c Status	: P		
Collected at	: ANAND PATHO LAB RAMESHWAR NIWAS, SHOP NO - 02, AGAM KUAN PAHARI ROAD,INDRALOK NAGAR, NEAR IRON FA FACTORY , PATNA	Processed at	: Patna Lab II R K ESTATE opposite IGIMS Raja Bazar Bailey Road Patna-800014



Test Report

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. •The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

