





**Pushpanjali**  
Hospital & Research Centre  
NABH ACCREDITED



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Pushpanjali Palace, Delhi Gate, Agra | Ph.: 7505400400, 0562-4024000, 0562-7124000 | E-mail: info@pushpanjalihospital.in | Web: www.pushpanjalihospital.in

MR NO: 324285	IPD NO: IP2520023
Name :- Baby KRISHNA	DOA :- 22-02-2026 / 1:53PM
Guardian :- D/O RAGHVENDRA	DOD :-
Age & sex :- 8 Y / F	Ward :- PICU
Address :- VILLAGE MARGOJIYA BABASA ETAH	Bed :- 07/PICU -IV
Contact :-	Referred Dr :- Dr.ROHIT MANGAL
Company :-	Category:- HOSPITAL
Specialty 1 : Dr.ROHIT MANGAL	Specialty 2:- Dr.
	Specialty 3:- Dr.

**EMERGENCY INITIAL ASSESSMENT FORM**

Patient Name: Baby Krishna Yadav  
 Age/Sex: 74-51 Female  
 Date: 22/02/2024  
 Time: .....

Triage Category: Red  Yellow  Green  Black

Pain Scale: No Pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Pain  
 MLC: Yes  No   
 MLC No.: .....

General Assessment:  
 Arrival date & time: ..... Time Seen by ER Physician: .....  
 Referred by Doctor: ..... Follow up case of Doctor: .....

Complaint: Fever & 1 day.  
 Gen weakness  
 loss of appetite.

**Primary Survey**

Airway	Breathing	Circulation
Patent Obstructed Protected Maintained Compromised	RR: <u>20</u> /min Symmetrical: Yes No Labored: Yes No Trachea Midline: Yes No Crepitations: Yes No Wheeze: Yes No SpO2: <u>96</u> % on RA Spo2: ..... % on ..... lt/min O2 By Nasal Prong O <sub>2</sub> Mask NRBM NIV Ventilator	Skin: <input checked="" type="checkbox"/> Pink Pale Membrane: Flush Jaundiced Ashen Cyanotic Pulse Rate: <u>100</u> /min, Rhythm: Regular Irregular Normal, Site..... Bounding, Site..... Weak, Site..... Absent, Site..... Skin Temp: Warm Hot Cold Skin Moisture: WNL Dry Moist Visible bleeding: Yes No Site..... BP: <u>90/60</u> MM of Hg Temp: <u>98.5</u> °F/C
<b>Management:</b> Suction HTCL JT OTA NPA LMA ET	<b>Management:</b> O2 Therapy BVM NIV IV Chest Tube (ICD) Other.....	<b>Management:</b> Intravenous Fluids Inotropes/Vasopressors Compression Bandage

Cardiac monitor.....  
 CS E..... V..... M..... /15; Weight: 20 kg; Pupils: PERLA /.....





Dated.....

Ref No.....

## Great Arteries

No evidence of Coarctation of Aorta

Normal LV and RV function

## Pericardium

No Pericardial Effusion

## Patent foramen ovale (L→R)

No ventricular shunt

No ductus detected

## Doppler

Normal TV Velocity

Normal MV velocity

Normal PV velocity

Normal AV velocity

No Mitral regurgitation

No Tricuspid regurgitation

No Pulmonary regurgitation

No Aortic regurgitation



## Final Impression:-

- ◆ Patent foramen ovale (L→R).
- ◆ Normal pulmonary artery pressure.



Lab No. : Baby KRISHNA  
 Ref By : 509394860  
 Collected : DR ROHIT MANGAL  
 A/c Status : 22/2/2026 5:11:00PM  
 Collected at : P  
 : LPL - PUSHPANJALI HOSPITAL (IPD)  
 DELHI GATE, HARIPARWAT, AGRA-282002  
 AGRA U.P 282002

Age : 8 Years  
 Gender : Female  
 Reported : 22/2/2026 7:13:51PM  
 Report Status : Interim  
 Processed at : Dr. Lal Path Labs Ltd  
 Delhi Gate ,Agra 282002

Corporate ID : 324285/FF-PICU/

**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<b>C-REACTIVE PROTEIN (CRP)</b> (Immunoturbidimetry)	103.70	mg/L	<5.00

Note: Test conducted on serum

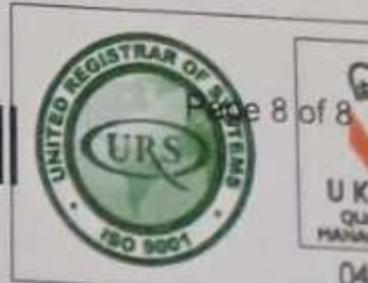
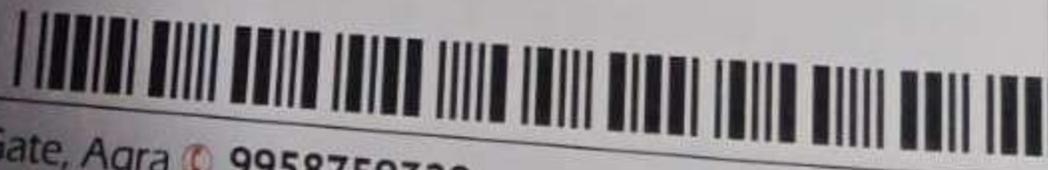
Dr Shalini Gupta  
 MD, Pathology  
 Chief of Laboratory  
 Dr Lal PathLabs Ltd

Authenticity assured - scan the QR code to access the original report from our verified database

Result/s to follow:  
 C-REACTIVE PROTEIN (CRP), URINE EXAMINATION ROUTINE (ROUTINE R/E)

**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/Fort 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



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A/c Status : P  
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DELHI GATE, HARIPARWAT, AGRA-282002  
AGRA U.P. 282002

Age : 8 Years  
Gender : Female  
Reported : 22/2/2026 7:08:28PM  
Report Status : Interim  
Processed at : Dr. Lal Path Labs Ltd  
Delhi Gate ,Agra 282002

ID : 324285/FF-PICU/

**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Hemoglobin (SLS Method)	5.20 (Critical)*	g/dL	11.50 - 15.50
Result Rechecked, Please Correlate Clinically.			
Packed Cell Volume (PCV) (Sheath Flow DC Detection Method)	16.50	%	35.00 - 45.00
RBC Count (Sheath Flow DC Detection Method)	1.76	mill/mm3	4.00 - 5.20
MCV (Calculated)	93.80	fL	77.00 - 95.00
Mentzer Index (Calculated)	53.3		
MCH (Calculated)	29.50	pg	25.00 - 33.00
MCHC (Calculated)	31.50	g/dL	31.00 - 37.00
Red Cell Distribution Width (RDW) (Calculated)	18.10	%	12.00 - 14.10
Total Leukocyte Count (TLC) (Fluorescent Flow Cytometry)	1.98 (Critical)*	thou/mm3	5.00 - 13.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils (Fluorescent Flow Cytometry)	59.60	%	37.00 - 70.00
Lymphocytes (Fluorescent Flow Cytometry)	35.40	%	22.00 - 55.00
Monocytes (Fluorescent Flow Cytometry)	4.00	%	2.00 - 10.00
Eosinophils (Fluorescent Flow Cytometry)	0.50	%	1.00 - 8.00
Basophils (Fluorescent Flow Cytometry)	0.50	%	0.00 - 1.00
<b>Absolute Leucocyte Count</b>			
Neutrophils (Calculated)	1.18	thou/mm3	2.00 - 8.00
Lymphocytes (Calculated)	0.70	thou/mm3	1.00 - 5.00



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Specimen Status : P  
Collected at : LPL - PUSHPANJALI HOSPITAL (IPD)  
DELHI GATE, HARIPARWAT, AGRA-282002  
AGRA U.P 282002

Age : 8 Years  
Gender : Female  
Reported : 22/2/2026 7:08:28PM  
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Delhi Gate ,Agra 282002

: 324285/FF-PICU/

**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
Monocytes (Calculated)	0.08	thou/mm <sup>3</sup>	0.20 - 1.00
Eosinophils (Calculated)	0.01	thou/mm <sup>3</sup>	0.10 - 1.00
Basophils (Calculated)	0.01	thou/mm <sup>3</sup>	0.02 - 0.10
Platelet Count (Sheath Flow DC Detection Method)	21 (Critical)*	thou/mm <sup>3</sup>	170.00 - 450.00

There is leucopenia.  
Platelets appear markedly reduced.  
Urgent recheck of platelet count with a fresh E.D.T.A. sample in case the platelet count is not correlating clinically.  
Followup and clinical correlation  
\*Critical value requires your immediate attention/consult with treating physician.

**Comment**

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

**Note**

- 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



Plan of Care

Investigations	Request
Blood	CBC LFT COP RFT urine mgm
Urine	
X-ray	
USG	
CT Scan / MRI	
ECHO / Others	

Medication Chart (Capital Letters)

No.	Name of Drugs	Dose	Frequency	Route
1	inj. cefotaxime 2gm	1/2 vial + ml 50-1		IV BD
2	Tab Forcan	200-2		PO BD
3	Tab Mysalox	20-2		PO 1 BD
4	Amoxicillin	2 vial		IV BD
5	inj. sumatriptan	35-1		
6	inj. 0.45% DMS + inj. calcium gluconate	60-1 <del>5</del> Each vial.		IV
	Prescription of insulin			



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A COMPLETE MEDICAL & HEALTH CARE UNIT

**Dr Lal PathLabs**  
India's leading and most reputed diagnostic chain

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Corporate ID : 324285/FF-PICU/

### Test Report

Test Name	Results	Units	Bio. Ref. Interval
KFT PLUS	23.71	mmol/L	22.00 - 29.00
<b>BICARBONATE, SERUM</b> (Enzymatic method)			

#### Comments

Bicarbonate is the second largest fraction of anions in the plasma. At the physiological pH of blood, the concentration of carbonate is 1/1000 that of bicarbonate. This test is a significant indicator of electrolyte dispersion and anion deficit. An abnormal bicarbonate means a metabolic rather than a respiratory problem.

#### Increased Levels

- Acute Metabolic alkalosis
- Chronic Metabolic alkalosis

#### Decreased Levels

- Acute Metabolic acidosis
- Compensated Metabolic acidosis



AN ISO 9001:2000 CERTIFIED HOSPITAL

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DELHI GATE, HARIPARWAT, AGRA-282002  
AGRA U.P 282002

Age : 8 Years  
Gender : Female  
Reported : 22/2/2026 7:08:24PM  
Report Status : Interim  
Processed at : Dr. Lal Path Labs Ltd  
Delhi Gate ,Agra 282002

ID : 324285/FF-PICU/

**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<b>KIDNEY FUNCTION TEST (KFT)</b>			
Creatinine (Compensated Jaffes reaction, IDMS traceable)	0.46	mg/dL	0.30 - 0.70
Urea (Urease UV)	51.60	mg/dL	10.00 - 38.00
Urea Nitrogen Blood (Urease UV)	24.10	mg/dL	5.00 - 18.00
BUN/Creatinine Ratio (Calculated)	52		
Uric Acid (Uricase)	2.43	mg/dL	2.60 - 6.00
Total Protein (Biuret)	5.97	g/dL	6.00 - 8.00
Albumin (BCG)	3.15	g/dL	3.80 - 5.40
Globulin(Calculated)	2.82	gm/dL	1.9 - 3.4
A : G Ratio (Calculated)	1.12		0.90 - 2.00
Calcium, Total (Arsenazo III)	8.04	mg/dL	8.80 - 10.80
Phosphorus (Molybdate UV)	3.62	mg/dL	3.20 - 5.80
Sodium (Indirect ISE)	133.30	mEq/L	138.00 - 145.00
Potassium (Indirect ISE)	3.82	mEq/L	3.40 - 4.70
Chloride (Indirect ISE)	104.30	mEq/L	101.00 - 109.00

**Note**

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. 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, BUN/creatinine ratio is about 10:1
4. Test conducted in Serum



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Age : 8 Years  
 Gender : Female  
 Reported : 22/2/2026 7:08:32PM  
 Report Status : Interim  
 Processed at : Dr. Lal Path Labs Ltd  
 Delhi Gate ,Agra 282002

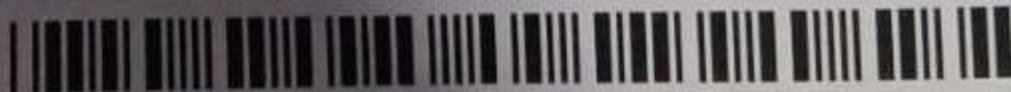
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## Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER FUNCTION TEST (LFT)			
AST (SGOT) (IFCC without P5P)	21.1	U/L	<35
ALT (SGPT) (IFCC without P5P)	12.7	U/L	<35
AST:ALT Ratio (Calculated)	1.66		<1.00
GGTP (IFCC)	40.4	U/L	4 - 22
Alkaline Phosphatase (ALP) (IFCC, PNPP-AMP-Buffer)	95.00	U/L	69 - 325
Bilirubin Total (DPD)	1.52	mg/dL	0.30 - 1.20
Bilirubin Direct (DPD)	0.29	mg/dL	<0.20
Bilirubin Indirect (Calculated)	1.23	mg/dL	<1.10
Total Protein (Biuret)	5.97	g/dL	6.00 - 8.00
Albumin (BCG)	3.15	g/dL	3.80 - 5.40
Globulin(Calculated)	2.82	gm/dL	1.9 - 3.4
A : G Ratio (Calculated)	1.12		0.90 - 2.00

## Note

- In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
- In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio >1 is highly suggestive of advanced liver fibrosis.
- In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
- In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.
- Test conducted in Serum





Dated.....

Ref No.....

## PAEDIATRIC ECHO REPORT

Date: - 23-02-2026

Name: - Baby Krishna

Age: 8 Years / F

### INTERPRETATION:-

#### Cardiac Position

Abdominal Situs solitus  
Levocardia

#### Cardiac segments

Atrial situs solitus  
Normal Related great vessels  
Atrioventricular Concordance  
Ventriculo Arterial Concordance  
Two patent AV Valve

#### Veins and Atria

Normal systemic venous drainage  
Normal Pulmonary venous drainage  
**Patent foramen ovale (L→R)**  
Normal RA size  
Normal LA size

#### Atrioventricular Canal

Normal Mitral Valve  
Normal Tricuspid Valve  
Normal Pulmonary Valve  
Normal tricuspid Aortic Valve

#### Ventricles

Normal left ventricle  
Normal right ventricle

