



DEPARTMENT OF PATHOLOGY
G. B. PANT HOSPITAL, NEW DELHI-110 002

LAB NO

292/15

Name

Renu Yadav

Ward No

N-3/11

Refd. By

Dr. V. Dincan

Age & Sex

182/80

C.R./O.P.D. No

1. ANA by indirect immunofluorescence on Hep 2 cells (1:100 + 40 dilution) shows

Negative

2. Nuclear Antigen Line Assay shows positivity for

(D)

3. dsDNA by ELISA =

Normal Value: <30 IU/ml (Negative)

31-75 IU/ml (Border line Positive)

> 75 IU/ml (Positive)

4. ANCA by ELISA PANCA:

2.5 RU/ml (negative)

CANCA:

<2 RU/ml (negative)

Normal Value: PANCA <3.5 IU/ml

CANCA <3.5 IU/ml

} <20 RU/ml (neg)
≥ 20 RU/ml (Pos)

5. anti LKM by ELISA:

Normal Value: <20 IU/ml

Impression:

Examined & Reported by

Dr. V. V. Balog

Date:

24/4/15

A S

W

OPD 2044765
गोविन्द बल्लभ पंत चिकित्सालय, नई दिल्ली
GOVIND BALLABH PANT HOSPITAL, NEW DELHI
आवेशन-सारांश/ADMISSION-SUMMARY

नो०ब०पं 55
G.B.P.-55

Dr. Sumodh

के० पं० सं०
C.R. Number... 324905...

रोगी का नाम Patient's name	आयु वर्ष Age-yrs.	जन्म मास दिन तारीख Birth Mo. Day fr. Date	स्त्री/पुरुष Sex	नागरिक हैसियत Civil Status	धर्म Rel.	वार्ड Ward	चिकित्सा एकांक Treating Unit	
Vadav		20/11/14	26/14					
घर का नम्बर और मोहल्ला House number and street	गांव/शहर Village/Town		जिला/राज्य District/State		नैपथ्य स्थान Native Place			
R/O		324 Subhas		Cantt. Badli		N.T.P.C. N.D.		
पिता का नाम Father's name	माता का नाम Mother's name		पति का नाम Husband's name					
18/10		Rajendra		7053673047				
व्यवसाय Occupation	नियोक्ता अथवा पति/पिता का नियोक्ता Employer or employer of husband/father				नियोक्ता का पता Address of employer			
आपत्ति की स्थिति में सूचित करें (नाम, पता और सम्बन्ध लिखें) Notify in case of emergency (give name, address, relationship)						टेलीफोन नं० Telephone number		
3/9/15								
पहले का/के दाखिला तारीख और नम्बर लिखें Previous admission(s) : Give date and number		आज के दाखिले की तारीख Today's admission date		रखसत की तारीख Discharge Date		कितने दिन रहा Days stay		
अन्तिम निदान (दाखिले के 24 घण्टों के भीतर लिख दिया जाए) Provisional diagnosis (to be completed within 24 hours of admission)				दाखिले के समय रोगी या अधिकृत व्यक्ति दूसरी ओर दी गई जानकारी और/या शल्य चिकित्सा के प्राधिकार पत्र पर हस्ताक्षर अवश्य करें। On Admission Patient or Qualified person must sign Authorization for Medical and/or Surgical Treatment on Reverse side				
अन्तिम निदान/Final Diagnosis :				कोड सं० Code No.				
द्वितीय निदान या उपद्रव/Secondary Diagnosis or Complications:								
शल्य क्रिया/Operation:								

किससे परामर्श किया गया/Consultation with

परिणाम : चंगा हो गया आराम हुआ आराम नहीं हुआ लूपके से भाग गया केवल परीक्षा मृत्यु हो गई चिकित्सा सलाह के
Results: ☐Cured ☐Relieved ☐Not Relieved ☐Absconded ☐Examination only ☐Died ☐Left Against Medical Advice

मृत्यु का कारण/Cause of Death.....Autopsy ☐Yes ☐No

मैंने इस सारे चिकित्सा अभिलेख की जांच की है और इसे अनुमोदित किया है।

I have examined and approved this complete medical record on.....19.....

स्थानिक चिकित्सक
House Physician

रजिस्ट्रार
Registrar

सेवा-अध्यक्ष
Chief of Service

I hereby authorize the physician or physicians in charge of the care of Henry

to administer any treatment; or to administer such anaesthetics; and perform such operations as may be necessary or advisable in the diagnosis and treatment of this patient.

Signed

(रोगी/Patient)

या
Or

(निकटतम सम्बन्धी/Nearest relative)

रोगी से सम्बन्ध
Relationship to patient

यह प्रमाणित किया जाता है कि मैं जो गोविन्द वल्लभ पंत अस्पताल नई दिल्ली में एक रोगी हूँ, अपने उपचार चिकित्सक तथा अस्पताल के प्रशासन की सलाह के विपरीत रखसत हो रहा हूँ। मैं स्वीकार करता हूँ कि मुझे इसमें होने वाले खर्च की सूचना दे दी गई है और अस्पताल से रखसत होने के कारण हो सकने वाले सभी दुष्प्रभावों की जिम्मेदारी से उपचार चिकित्सक और अस्पताल को इसके द्वारा मुक्त करता हूँ।

This is to certify that I, a patient in Govind Ballabh Pant Hospital, New Delhi, am being discharged against the advice of the attending physician and the hospital administration. I acknowledge that I have been informed of the risk involved and hereby release the attending physician and the hospital from all responsibility for any ill effects, which may result from discharge from the hospital.

रोगी या निकटतम सम्बन्धी
Patient or nearest relative.....

Relationship to patient /

व्यक्तिगत सामान के सम्बन्ध में बयान
STATEMENT REGARDING PERSONAL EFFECTS

मैं गोविन्द वल्लभ पंत अस्पताल में दाखिल कर लिया गया हूँ और मेरे पास कोई कीमती चीजें नहीं रखी हैं।
I have been admitted to Govind Ballabh Pant Hospital, New Delhi and have kept no valuable with me.

रोगी या जिम्मेदार व्यक्ति के हस्ताक्षर
Signature of patient or responsible person.....

Relationship to patient.....

मैं प्रमाणित करता हूँ कि मेरी महीने की/बेसिक आय 30000 रुपये है।
I certify that my monthly/basic income is R.

मैं सरकारी/गैर-सरकारी नौकरी पर हूँ।
I am a Govt./not a Govt. servant.

रोगी या जिम्मेदार व्यक्ति के हस्ताक्षर
Signature of patient or responsible person

GOVIND BALLABH PANT HOSPITAL

1, Jawaharlal Nehru Marg, New Delhi-110002

गोविन्द बल्लभ पंत चिकित्सालय

नई दिल्ली-110002

PATIENT'S COPY

011-23233001
011-2323424

OUT PATIENT REGISTRATION CARD

Dr S. TYAGI/DR.SUMOD KURIAN

BLOCK - Room No.: 0431

OPD REGN NO : 2044765

PAED CARDIOLOGY (Fri 2PM)

nt's Name : RENU YADAV

Age/Sex : 10 FEMALE

r's Name : RAJ KUMAR YADAV

Category: GENERAL

ss : 324 SUBHASH CAMP. BADARPUR DL

PROVISIONAL DIAGNOSIS :

015 14:07:09 / New

Allergic to

EXAMINATION / TREATMENT :

IGATIONS :-

OGLOBIN
L LEUCOCYTE COUNT
ERENTIAL LEUCOCYTE COUNT

DING TIME
TING TIME
ELET COUNT
HROMBIN TIME

E (R/M)
E (C/S)
L (R/E)
L (OCCULT BLOOD)

R FUNCTION TEST
ILIRUBIN T/D
/ALT
ALINE PHOSPHATE
OTIEN T/D
YLASE

g
HBc
EY FUNCTION TEST
REA / S. CREATININE
PROFILE
AL CHOLESTEROL
/ LDL / VLDL / TG
D SUGAR
PING / RANDOM / PP

SOUND
AN

HO / DOPPLER

EMG

Takayasu's

c/o ~~Aorta~~ Arteritis.
b/c Renal Artery stenosis

BP 120/60 mmHg

Plan
cath
study

Plan
① Tab Amlodipine 7.5mg q
② Tab clonidine 100mc PRN

to come
for cath study
on 13/11/2015
to ward 26 / B block
attending physician

BP 120/60

cor (12)
x 1mlr

Dr. [Signature]

नमूना : नई

नमूना : प्लार

आर०न०.....दिना

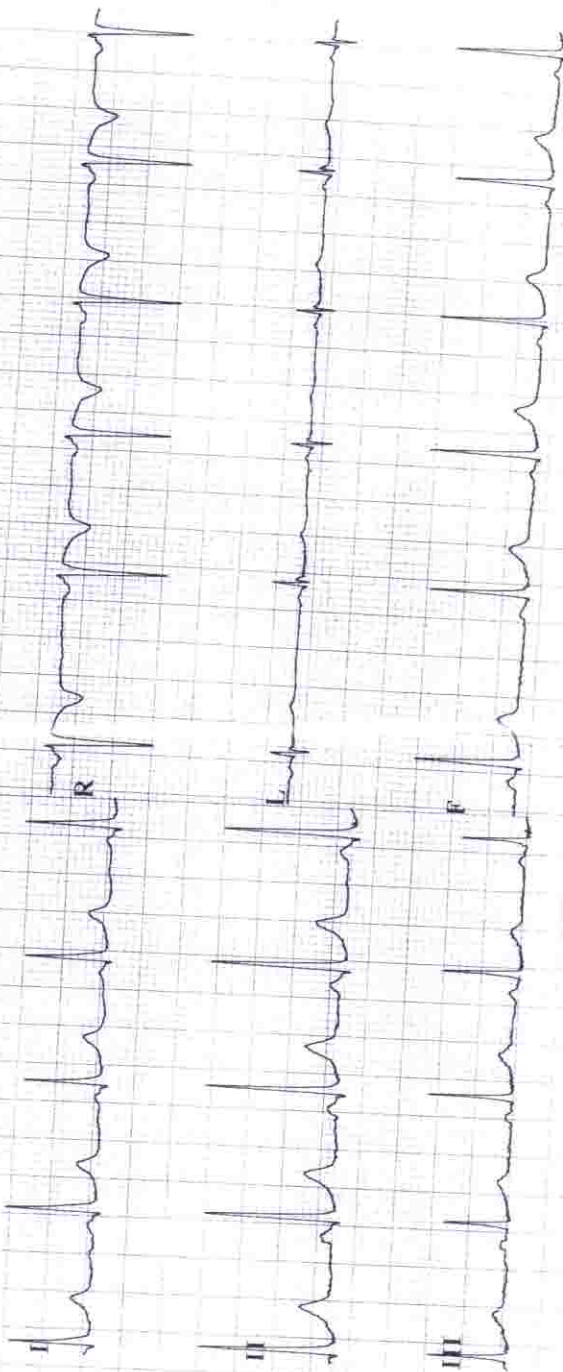
फक्टोसामीन (2-3 मि ३)

टी.जी. (80-160)

ID: 0000000132 Name: 20/7 03-09-2015 18:36:15
Male years cm kg mmHg
03-09-2015 18:36:15 mmHg

ID

NI



0.67-25Hz AC50 25mm/s 10mm/mV 25Hz AC50 25mm/s 10mm/mV 89 V1.25 GBPH

C.R. No.
 O.P.D. No.
 Hospital No.
 11/18

गोविन्द बल्लभ पन्त अस्पताल, नई दिल्ली
GOVIND BALLABH PANT HOSPITAL, NEW DELHI
Pre Anesthesia Checkup (PAC Form)

⑤

Name: Samy Yadav Unit Dr. Gurdeep C.R. No/OPD No. 324905 Date 4/12/15
Age/Sex: 11/f Blood Group Ward/OPD PAC No. 11/18

Diagnosis: Takayasu's Arteritis & b/l Renal A. Stenosis
Proposed Surgery

History:

Cough ⊖ Chest Pain ⊖ Seizures ⊖ Hypertension ⊖
Expectoration ⊖ Palpitation ⊖ Paresis ⊖ Diabetes ⊖
Dyspnoea - I/II/III/IV ⊖ Syncope ⊖ Jaundice ⊖ CAD ⊖
COPD ⊖ Oedema ⊖ Tuberculosis ⊖ Bleeding Disorders ⊖
Smoking/Alcohol ⊖ Cyanosis ⊖ Fever ⊖
Previous Surgery ⊖
Drug Allergy ⊖
Drug Therapy amlodipine | clonidine
for cath study
AT 1. x 2 months
(on suspicion of Koch's)
in April & May 2015
stopped thereafter

Examination:

Pulse 90/min B.P. Wt. 25 Kg. Build: Good/Poor/Average ✓
Oral hygiene: Good/Poor ⊖ Loose Tooth ⊕ Artificial Denture ⊖ Intubation Difficulty ⊖
M.P.C. Grade: I/II/III/IV ⊖ lower incisor

Systemic Examination:

Resp System: b/l clear
CVS S₁ S₂ ⊕
CNS ⊖
GIT ⊖

Investigations:

Hemogram:

Hb 10.3 TLC 8200 DLC P 52 L 39 M 5 E 4 ESR
Platelets 2.89L BT 1'35" CT PT 1.09 (Cont Sec)

Biochemistry

LFT: Bilirubin 0.2 SGOT 40 SGPT 19 Alk PO₄ ase 29
Proteins 7.3 Alb 4.3
KFT: Urea 30 Creatinine 0.7 Serum Na/K 143/5.1

Others:

Blood Sugar (F) 90 (Random) 90 (PP) ⊖
ASO CRP Hbs Ag ⊕ HCV ⊕ HIV ⊕

ECG NSR

Echocardiography:

Angiography:

Pulmonary Function Tests:

X-ray Chest cardiomegaly

Any Other Remarks:

ASA Grading

I/II/III/IV/E

Advice:

Nil By Mouth
Premedication
Review PAC

Adv: Child prob fit

Name:
Signature:
Designation:

8/8/2006

(26/7)

8/13. Dr. Ginnard

①

252 close right of taken through at right front
artery and both right renal artery for and left renal artery
for diffuse seen. Afferent extra to. Obstructed seen

8

RESERVA

(1)

26/07

Name - Renu Yadav
Age/Gender - 40 yr/F
C.R.No - 324905
D.O.A - 3/9/15
Unit - Dr. Sumedh
Wd/Bed - 26/7
Dis - Takyon's Arteritis
wt - 25 kg

PAC L... 4/6/15
Date... 4/9/15
Dep... Pathology
C... 110002

4/9/15
Finally done
- f

Wt 50/6

2

ogy. G.B. PANT HOSPITAL, New Delhi

Lab No.

GBPH-213

②

Age

10/15

C.R. No.

324905

Ward / Bed No.

26/17

Dr

Sumod

Clinical Indication & History

76

Test	Normal	Results	Test	Normal	Results
Hemoglobin	12-15.5gm	10.3g	Sedimentation Rate	Men 0-9	
Hematocrit	35-45%	31.0 %	ESR (Westergren)	Women 0-20	
W.B.C.	5-10 Thou	8,200	Coag. Time (Lec-White)	8-12 min.	
Differential			Bleeding Time (Duke's)	1-5 min.	
Polymorphs	60-75%	52	R.B.C. Count	4.5-5.5 M	
Lymphocyte	20-40%	39	Platelets Count	125-350000	2.8914
Monocytes	2-6%	05	Reticulocyte	0.2-1.5%	
Eosinophil	1-3%	04	Note :		
Basophil	0-1%				
Abnormal Cells	None				

Morphology

Date of Report

Technician

Pathologist

G.B.P.H.

0.67=25Hz AC50 25mm/s 10mm/mV 25Hz AC50 25mm/s 10mm/mV 89 V1.25 GBPH

Age

10/F

C.R. No.

324905

Ward / Bed No.

26/7

Dr.

smw

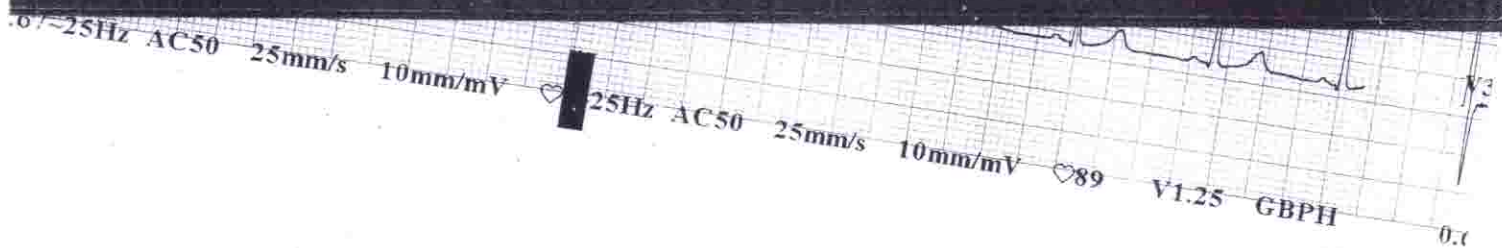
Clinical Indication & History

Test	Normal	Results	Test	Normal	Results
Hemoglobin	12-15.5gm		Sedimentation Rate	Men 0-9	
Hematocrit	35-45%		ESR (Westergren)	Women 0-20	
W.B.C.	5-10 Thou.		Coag. Time (Lec-White)	8-12 min.	
Differential			Bleeding Time (Duke's)	1-5 min.	1-35"
Polymorphs	60-75%		R.B.C. Count	4.5-5.5 M	
Lymphocyte	20-40%		Platelets Count	125-350000	
Monocytes	2-6%		Reticulocyte	0.2-1.5%	
Eosinophil	1-3%		Note :		
Basophil	0-1%				
Abnormal Cells	None				

Morphology

Report _____ Technician _____ Pathologist _____

G.B.P.H.



Designation : _____

DEPT OF BIOCHEMISTRY : G.B. PANT HOSPITAL : NEW DELHI

BIOCHEMICAL INVESTIGATION-REPORT CARD

PATIENT

Remu

AGE/SEX

10/F

OPD/WARD

OPD/CR NO

DATE

26/7 324905-3/5

485

TEST PROFILE	(mg%)	FASTING (80-95)	PP 1Hr	(2Hr)	(3Hr)	RANDOM	FRUCTOSAMINE (2-3mmol/L)
LIPID PROFILE	(mg%)	HDL (40-70)	LDL (80-180)	LDL/HDL (<5)	CHOLESTEROL (130-230)	TG (80-160)	
3 RENAL PROFILE	(mg%)	CREATININE (<1.5)	UREA (20-40)	URIC ACID (3-7.5)			
4 HEPATIC PROFILE	(mg%)	BILIRUBIN (<1.2mg%)	TOTAL PROTEIN (6-8 gm%)	ALBUMIN (3.5-5 gm%)	ALP (<117) U/L	YGT (<85) U/L	
5 CARDIAC PROFILE	(U/L)	SGOT (<40 U/L)	SGPT (<35 U/L)	LDH (<200)	CPK (<200) U/L	CK-MB (<20) U/L	
6 ELECTROLYTES	(mg%)	NA + (133-148 MM/L)	K + (3.5-5.5 MM/L)	IONIC Ca ²⁺ (0.8-1.5 MM/L)	P (2.5-7)		
7 MISCELLANEOUS	(mg%)						

VALUES IN PARENTHESIS INDICATE NORMAL VALUES

ALL ENZYMATIC ANALYSIS KINETIC, AT 37°C

Officer Incharge/autoanalyser lab

OFFICER I/C

REMARKS :

DEPT. OF BIOCHEMISTRY

G.B.P.H.

0.67-25Hz AC50 25mm/s 10mm/mV 25Hz AC50 25mm/s 10mm/mV 89 V1.25 GBPH 0.7

DEPARTMENT OF BIOCHEMISTRY : G.B. PANT HOSPITAL : NEW DELHI

BIOCHEMICAL INVESTIGATION-REPORT CARD

PATIENT

AGE/SEX

OPD/WARD

OPD/CR NO

DATE

GLUCOSE PROFILE

(mg%)

FASTING (60-95)

PP (1Hr.)

(2Hr.)

(3Hr.)

RANDOM

FRUCTOSAMINE (2-3mM/L)

LIPID PROFILE

(mg%)

HDL (40-70)

LDL (80-180)

LDL/HDL (<5)

CHOLESTEROL (130-230)

TG (80-160)

3 RENAL PROFILE

(mg%)

CREATININE (<1.5)

UREA (20-40)

URIC ACID (3-7.5)

4 HEPATIC PROFILE

(mg%)

BILIRUBIN (<1.2mg%)

TOTAL PROTEIN (6-8 m%)

ALBUMIN (3.5-5 gm%)

ALP (<117) U/L

YGT (<85) U/L

5 CARDIAC PROFILE

(U/L)

SGOT (<40 U/L)

SGPT (<35 U/L)

LDH (<200)

CPK (<200) U/L

CK-MB (<20) U/L

6 ELECTROLYTES

(mg%)

NA + (133-143 MM/L)

K + (3.5-5.5 MM/L)

IONIC Ca²⁺ (0.8-1.5 MM/L)

P (2.5-7)

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(mg%)

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ALL ENZYMATIC ANALYSIS KINETIC, AT 37°C

Officer Incharge/autoanalyser lab

OFFICER I/C

REMARKS:

DEPT. OF BIOCHEMISTRY

G.B.P.H.

0.67-25Hz AC50 25mm/s 10mm/mV 25Hz AC50 25mm/s 10mm/mV 89 V1.25 GBPH

Labgy, G.B. PANT HOSPITAL, New Delhi

Lab No.

G.B.P.H. 213

Age

10/F

C R No.

32 4905

Ward / Bed No.

26/7

Dr.

Smuel

Clinical Indication & History

Test

Normal

Results

Test

Normal

Results

Hemoglobin

12-15.5gm

Sedimentation Rate

Men 0-9

Hematocrit

35-45%

ESR

Women 0-20

W.B.C.

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Coag. Time (Lec-White)

8-12 min.

Differential

Bleeding Time (Duke's)

1-5 min.

Polymorphs

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R.B.C. Count

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Lymphocyte

20-40%

Platelets Count

125-350000

Monocytes

2-6%

Reticulocyte

0.2-1.5%

Eosinophil

1-3%

Note :

Basophil

0-1%

PT/INR

Abnormal Cells

None

Morphology

Date of Report

Technician

Pathologist

G.B.P.H.

0.67-25Hz AC50

25mm/s

10mm/mV

25Hz AC50

25mm/s

10mm/mV

89

V1.25 GBPH

0.1

DEPARTMENT OF BIOCHEMISTRY : G.B. PANT HOSPITAL : NEW DELHI

BIOCHEMICAL INVESTIGATION-REPORT CARD

PATIENT Kenny AGE/SEX 10/1 OPD/WARD 26/7 324805 OPD/CR NO. 3/5 DATE

TEST PROFILE	(mg%)	FASTING (60-95)	PP (1Hr.)	(2Hr.)	(3Hr.)	RANDOM	FRUCTOSAMINE (2-3mm/L)
LIPID PROFILE	(mg%)	HDL (40-70)	LDL (80-180)	LDL/HDL (<5)	CHOLESTEROL (130-230)	TG (80-160)	
RENAL PROFILE	(mg%)	CREATININE (<1.5)	UREA (20-40)	URIC ACID (3-7.5)			
HEPATIC PROFILE	(mg%)	BILIRUBIN (<1.2mg%)	TOTAL PROTEIN (6-8 gm%)	ALBUMIN (3.5-5 gm%)	ALP (<117) U/L	YGT (<85) U/L	
CARDIAC PROFILE	(U/L)	SGOT (<40 U/L)	SGPT (<35 U/L)	LDH (<200)	CPK (<200) U/L	CK-MB (<20) U/L	
ELECTROLYTES	(mg%)	NA + (133-148 MM/L)	K + (3.5-5.5 MM/L)	ION IC Ca ²⁺ (0.8-1.5 MM/L)	P (2.5-7)		
MISCELLANEOUS	(mg%)						

VALUES IN PARENTHESIS INDICATE NORMAL VALUES

ALL ENZYMATIC ANALYSIS KINETIC, AT 37°C

Officer Incharge/autoanalyser lab

OFFICER I/C

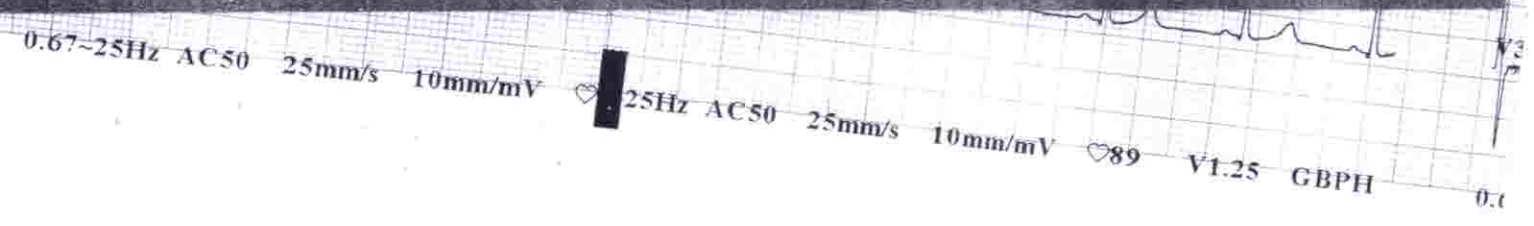
REMARKS:

*all Negative
by Rapid test*

*PIV
HSS Ag
Anti HA*

DEPT. OF BIOCHEMISTRY

G.B.P.H.



CA
O.P.D.
Ward/Bed

Department of Cardiology
INFORMED CONSENT

3

324905



Renu Yadav

S/O, D/O W/O Raj Kumar Yadav I have been given to understand that this procedure is the next required for further management of this disease in order to diagnose it and assess its severity and then treat it. This procedure carries an inherent by default morbidity and mortality of which the doctor has explained to me detail in a language I understand. I also understand that the benefit of this procedure outweighs the risk associated with the disease and hence I consent to the risk. The doctors concerned have also explained to me in detail that a team of doctors will perform the procedure to the best of their ability and take utmost care to minimize the risk involved in the procedure. However the risk still cannot be reduced to nil. Therefore in the best interest of the patient concerned, I give full consent for the procedure with the known prior knowledge that there may be one or more of several known complications requiring emergency surgery or other intervention (immediate or late), the worst of which is death.

Consent for implantation of _____ stent. The immediate & long term complications including restenosis have been explained to me in language that I understand.

Father

21/5/2017