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## CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute Under Govt. Of NCT of Delhi,  
Affiliated to GGSIP University)



|           |                                |      |                |                    |                             |
|-----------|--------------------------------|------|----------------|--------------------|-----------------------------|
| Name      | <b>Master Yash</b>             | Age  | 2 Y            | Ref. By            | UNIT-II (PEDIATRIC SURGERY) |
| UHID      | 0001102811                     | Sex  | M              | Sample Accepted at | 16/07/2022 11:24            |
| Mobile No |                                | Date | 16/07/2022     | Test Done at       | 25/07/2022 06:06            |
| Ward      | Fifth Floor Paediatric Surgery | Bed  | R-508 / B-7(a) | Admission No.      | 2022036818                  |

### Laboratory Report

| Investigations | Observed Values | Unit | Biological Reference Range | Interpret |
|----------------|-----------------|------|----------------------------|-----------|
|----------------|-----------------|------|----------------------------|-----------|

1. Biopsy (Specimen BONE MARROW) CN-572/22

Interpretation:- REPORT

Received two containers.

1. Labelled as Bone Marrow Biopsy: Received two greyish white soft tissue cores measuring 0.3cm, 0.2cm and 0.2 cm respectively.

Bone marrow biopsy examined is adequate and show trilineage hemopoiesis with myeloid preponderance. Erythroid reaction is predominantly normoblastic. Myeloid series show sequential maturation. Adequate number of megakaryocyte seen.

No evidence of any infiltrative disorder seen in the biopsy examined.

2. Labelled as Bone Marrow Biopsy: Received soft tissue core measuring 0.5 cm in length.

Section examined from a tiny tissue core shows hematopoietic precursors comprising of erythroid and myeloid precursors along with RBCs. No bony trabeculae identified.

Refer to BMA No: 35/22

Dr. Nidhi Mahajan  
21.07.22

Dr. Arvi Khatri

Technician

NEERA

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Date & Time of Print: 30/07/2022 09:41:30

S. Resident

Dr. Surbhi Bansal

Verified By

Dr. Nidhi Mahajan

Printed By: Vanitanak

7/30/2022, 5



## CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute Under Govt. OF NCT of Delhi,  
Affiliated to GGSIP University)



|           |                                |      |               |                    |                            |
|-----------|--------------------------------|------|---------------|--------------------|----------------------------|
| Name      | Master Yash                    | Age  | 2 Y           | Ref. By            | UNIT-4 (PEDIATRIC SURGERY) |
| UHID      | 0001102511                     | Sex  | M             | Sample Accepted at | 05/07/2022 12:16           |
| Mobile No |                                | Date | 12/07/2022    | Test Done at       | 14/07/2022 10:35           |
| Ward      | Fifth Floor Paediatric Surgery | Bed  | B-508 / B-71A | Admission No.      | 2022008818                 |

### Laboratory Report

| Investigations  | Observed Values | Unit | Biological Reference Range | Interpretation |
|---|-----------------|------|----------------------------|----------------|
| 1. Fine Needle Aspiration Cytology (FNAC) (Specimen: FNAC)  | CYT-543/22      |      |                            |                |
| <b>REPORT</b>   |                 |      |                            |                |
| <p>FNAC done from perianal swelling yielded blood mixed aspirate.</p> <p>Cytology smears are of low cellularity and show scattered and ill formed clusters of large round cell with vesicular to hyperchromatic nucleus with scant to moderate amount of cytoplasm. Occasional acinar arrangement is also noted. Few scattered foamy macrophages also seen.</p> <p>Overall cytological findings are in favor of Malignant Round Cell Tumor.</p> <p>Advised: Clinico-radiological correlation.</p> |                 |      |                            |                |
| <p>Dr. Arti Khatri<br/>07/07/22</p>   |                 |      |                            |                |

Technician

HEERA

S. Resident

Dr. Surbhi Bansal

Verified By

Dr. Arti Khatri

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Date & Time of Print: 08/07/2022 09:18:37

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# SBR

DIAGNOSTICS PVT. LTD.



COMPLETE DIAGNOSTIC CENTER WITH MRI, CT-SCAN, ULTRASOUND, X-RAY, PATHOLOGY

ग्लोबल स्टैंडर्ड डायग्नोस्टिक सर्विसेस

GLOBAL STANDARD DIAGNOSTIC SERVICES

|         |                              |             |            |
|---------|------------------------------|-------------|------------|
| NAME    | MST. YASH                    | AGE /SEX    | 02YRS/MALE |
| REFD BY | CHACHA NEHRU BAL CHIKITSALYA | DATE        | 06.06.2022 |
| ID      | 30521                        | REPORT TIME | 03:00 PM   |

### MRI WHOLE ABDOMEN

Multiple MR sequences were performed through whole abdomen on 1.5 Tesla GE MRI machine. Axial, Coronal and Sagittal planes were taken.

Clinical information - Pain & swelling in bilateral gluteal region, last 2 weeks.

#### FINDINGS -

A large lobulated well defined heterogeneous hyperintense soft tissue mass lesion hypointense on T1 and intermediate intensity on T2WI with internal interspersed T2 hyperintense areas involving lower abdomen from the level of L5 vertebral body and caudally extending to involve pelvis and perineum. Along its posterior margin lesion closely abutting anterior margins of lumbar and coccygeal vertebral bodies with inferior extent up to subcutaneous fat plane of perineum, the anterior margin of the lesion indenting upon posterior part of urinary bladder wall with maintained separating fat plane, abutting posterior margin of pubic symphysis & adjacent bilateral pubic rami with no visible bony infiltration in the perineum anteroinferior margin of the lesion closely abutting the root and proximal part of penis, on its right lateral margin the lesion abutting medial wall of right iliac bone and adjacent medial part of right acetabulum and on its left lateral margin lesion abutting wall of anorectal canal lesion of large bowel sigmoid colon & medial wall of left acetabulum.

Moderate right sided hydronephrosis noted with dilatation of pelvicalyceal system and upper ureter and sudden luminal narrowing of middle ureter at the level of L5 vertebral body due to pressure effect of the mass lesion. Gluteal muscles and pelvic bones are not involved by the mass lesion. The right common, internal and external iliac vessel are noted traversing through the mass lesion with no obvious luminal narrowing. No visible intralesional calcification / hemorrhage is seen.

Liver is normal in size (7.6 cm), contour and signal intensity. No evidence of any focal lesion is seen. Intrahepatic biliary and venous radicals are normal.

Gall bladder is distended and shows no evidence of calculus or mass lesion. Common bile duct is normal.



# Health & Care Path Lab

233-A, Pocket C-2 (Near Pocket B-5 Gate), Mayur Vihar, Phase-3, Delhi-96  
Mob.: 9870558606, 9870558918  
E-mail: healthcarepathlab2010@gmail.com

REG. NO. 3344



LAB ISO-15189:2013 Certified Lab  
INTERNATIONAL ACCREDITATION FORB

## LAB REPORT

|         |               |           |         |                |            |
|---------|---------------|-----------|---------|----------------|------------|
| Date    | 23/05/2022    | Srl No.23 | Company | HC0010         |            |
| Name    | MST. YASH     | Age       | 02 Yrs. | Ref. Lab/Hosp. |            |
| Ref. By | Dr. B.P.SINGH | Sex       | M       | Reporting Date | 23/05/2022 |

### COMPLETE HAEMOGRAM

|                                    |        |               |  |
|------------------------------------|--------|---------------|--|
| HAEMOGLOBIN (Hb)                   | 10.0   | gm/dl         | 11.5 - 15.5  |
| TOTAL LEUCOCYTE COUNT (TLC)        | 11,100 | /cumm         | 4000 - 11000<br>Adult 4000 - 11000 /cumm<br>Child 6000 - 13500 /cumm<br>Infant 6000 - 18000 /cumm<br>Elderly 10000 - 25000 /cumm |
| DIFFERENTIAL LEUCOCYTE COUNT (DLC) |        |               |  |
| NEUTROPHIL                         | 42     | %             | 40 - 75  |
| LYMPHOCYTE                         | 50     | %             | 20 - 45  |
| EOSINOPHIL                         | 03     | %             | 01 - 06  |
| MONOCYTE                           | 05     | %             | 02 - 10  |
| BASOPHIL                           | 00     | %             | 0 - 0  |
| PLATELET COUNT                     | 4.23   | Lak/cumm      | 1.50 - 4.50  |
| R B C COUNT                        | 4.1    | Millions/cumm | 4.0 - 5.2  |
| P.C.V / HAEMATOCRIT                | 11.8   | %             | 40 - 54  |
| M.C.V                              | 70.5   | f             | 80 - 100   |
| M.C.H                              | 22.3   | Picogram      | 27.0 - 31.0  |
| M.C.H.C                            | 29.2   | gm/dl         | 33 - 37  |
| ESR (WESTEGREN'S METHOD)           | 22     | mm/1st.hr     | 0 - 15   |

\*\*\*\* End Of Report \*\*\*\*

CHECKED BY



Page 1 of 3

DR. BHAVNA JAISWAL  
MBBS, MD, D'PH  
CONSULTANT PATHOLOGIST



**MAX**  
HOSPITAL

# MAX SQUARE HOSPITAL & ULTRASOUND

A GOVT. REGISTERED ULTRASOUND CENTER  
Shanti Nagar Bus Stand, Loni, Ghaziabad (U.P.)  
Ph: 8447216216

NAME: YASH  
REF. BY: DR. INH

DATE: 30-05-2022  
AGE/SEX: 02 Y/M

## USG EXAMINATION MALE (WHOLE ABDOMEN)

LIVER: IS NORMAL IN SIZE  
AND NORMAL ECHOTEXTURE. NO HIBEROMYASLI SEEN

GALL BLADDER: NORMAL IN SIZE AND SHAPE. NO CALCULI SEEN.  
WALL THICKNESS, NO PERICHOLELIC COLLECTION.

CBD: NORMAL  
PV: NORMAL

PANCREAS: PANCREAS IS NORMAL IN SIZE AND NORMAL ECHOTEXTURE. NO  
EVIDENCE OF PANCREATIC DUCT DILATATION OR  
CALCIFICATION SEEN.

SPLEEN: IS NORMAL IN SIZE AND NORMAL ECHOTEXTURE.

RIGHT KIDNEY: NORMAL IN SIZE SHAPE AND NORMAL ECHOTEXTURE.  
EPIPHORIC SEEN  
WITH GRADE II HYDRONEPHROTIC CHANGES SEEN. CMD MAINTAINED.

LEFT KIDNEY: NORMAL IN SIZE SHAPE AND NORMAL ECHOTEXTURE.  
NO CALCULI SEEN  
NO HYDRONEPHROSIS CMD MAINTAINED.

BOWEL LUMEN DILATED  
NO FREE FLUID SEEN IN THE PERITONEUM.

URINARY BLADDER: NORMAL IN SIZE AND SHAPE NO CALCULI

RIGHT RENAL CONCRETION WITH RT SIDED GRADE II HDN.

ADV: SCUT ABDOMEN.

PLEASE CLINICALLY CORRELATE AND INVESTIGATE FURTHER.

DR. SUNIL DUTT  
(CONSULTANT SONOLOGIST)  
MCI Reg. 08663



## CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute Under Govt. Of NCT of Delhi,  
Affiliated to GGSIP University)



|           |                                |      |                |                    |                             |
|-----------|--------------------------------|------|----------------|--------------------|-----------------------------|
| Name      | Master Yash                    | Age  | 2 Y            | Ref. By            | UNIT-II (PEDIATRIC SURGERY) |
| UHID      | 0031102611                     | Sex  | M              | Sample Accepted at | 16/07/2022 11:24            |
| Mobile No |                                | Date | 16/07/2022     | Test Done at       | 25/07/2022 08:51            |
| Ward      | Fifth Floor Paediatric Surgery | Bed  | R-508 / B-7(a) | Admission No.      | 2022008818                  |

### Laboratory Report

| Investigations                                   | Observed Values | Unit | Biological Reference Range | Interpretation |
|--|-----------------|------|----------------------------|----------------|
| 1. Bone Marrow Aspiration (Specimen BONE MARROW) | BMA-35/22       |      |                            |                |
| Interpretation:-                                 | <b>REPORT</b>   |      |                            |                |

#### Peripheral smear

RBC: Show mild degree of anisocytosis with microcytic hypochromic to normocytic normochromic cells.

WBCS: Increased, predominantly neutrophils.

Hb: 62% L30% M06% E02%

Platelet: Adequate

#### Bone Marrow Aspiration

Smears are markedly diluted, however cells showing M:E ratio of 4:1.

Erythroid series is normoblastic with few mature normoblast and micronormoblast.

Myeloid series show sequential maturation.

Few functional megakaryocyte seen.

No evidence of any infiltration/lesion identified in the diluted smears examined.

Impression: Trilineage hematopoiesis with normoblastic erythroid reaction.

Dr. A. Khan  
21/07/2022

Dr. Nishi Mahajan

complete blood count with  
peripheral blood smear

Technician

HEERA

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Date & Time of Print: 30/07/2022 09:42:05

S. Resident

Dr. Amir razi Khan

Verified by

Dr. Arti Khan

Printed By: Vandana





# SBR

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COMPLETE DIAGNOSTIC CENTER WITH MRI, CT SCAN, ULTRASOUND, X-RAY, PATHOLOGY

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GLOBAL STANDARD DIAGNOSTIC SERVICES

|         |                              |          |             |
|---------|------------------------------|----------|-------------|
| NAME    | MST. YASH                    | AGE /SEX | 02YRS /MALE |
| REFD BY | CHACHA NEHRU BAL CHIKITSALYA | DATE     | 10.06.2023  |

**Pancreas** is normal in size, outline and signal intensity. No focal lesion or duct dilatation is seen. No definite peripancreatic collection is seen.

**Spleen** is normal in size (5.1 cm), and signal intensity. No focal lesion is seen.

**Right kidney** is normal in size (73 x 43 mm), outline and signal intensity. No evidence of calculi or mass lesion is seen.

**Left kidney** is normal in size (60 x 32 mm), outline and signal intensity. No evidence of any hydronephrosis, calculi or mass lesion is seen.

Visualized **bowel loops** appear normal. No abnormal dilatation or luminal narrowing noted.

No ascites is seen.

**Urinary bladder** is normal in size and wall thickness, no filling defect or focal lesion is seen.

**Prostate** is normal in size, shape for the age. Periprostatic fat planes are maintained.

**IMPRESSION:** MRI Whole Abdomen reveals large size retroperitoneal soft tissue mass lesion with lobulated smooth margins involving hypogastrium and filling most part of pelvis and perineum, intralosomal traversing right iliac vessel with no significant luminal narrowing. Right side moderate hydronephrosis with mass effect of the lesion on right ureter. No visible involvement of pelvic bones adjacent perilesional pelvic organs by the lesion. Differential is Lymphoma and second differential is soft tissue Sarcoma.

Normal study of rest visualized abdominal organs.


Advice: Guided FNAC / Biopsy from perineum region & clinical correlation.

DR VIKAS KUMAR SINGH

MBBS (HONS.), MD RADIODIAGNOSIS, DMC REG 65046

SENIOR RESIDENCY - GTBH (UCMS) & DSCI, DELHI

**DEPARTMENT OF NUCLEAR MEDICINE**

**Patient Details :** Mr. MST YASH | Male | 2Yr 1Mth 1Days  
**UHID :** APD1.0011423211 **Patient Location:** OP  
**Patient Identifier:** DEL10PP3598441   
**DRN :** 1422186319 **Completed on:** 24-May-2024 10:27  
**Ref Doctor :** Dr. OTHERS DOCTORS

**DTPA RENOGRAM**

**PROVISIONAL  
DIAGNOSIS/CLINICAL  
DATA :**

USG abdomen (20/05/22) - Grade-1 hydronephrosis present in right kidney with right renal pelvis dilated. Right PUJ stenosis.  
 S.Creatinine (23/05/22) - 0.62 mg/dl to assess renal function and drainage.

**EXAMINATION  
PERFORMED**

Radionuclide renal dynamic study performed posteriorly following intravenous administration of 2 mCi <sup>99m</sup>Tc-DTPA. Intravenous bolus was given at the start of the study.

**FINDINGS**

Left kidney is normal in size, shape and location. Perfusion and cortical uptake is good. Serial images reveal good glomerular function with good drainage from the uroteric system.

Right kidney is mildly enlarged in size and is hydronephrotic. Perfusion and cortical uptake is impaired with cortical thinning seen. Serial images reveal severely impaired glomerular function with slow build up of tracer is PCS. Further build up of tracer is seen in delayed images till 30mins which persists in 24 hours image.

Renal activity is adequate at the end of the study.

**Whole Kidney**

|                   | LEFT    | RIGHT    | TOTAL    |
|-------------------|---------|----------|----------|
| DIFF PLAC (KPS %) | 80<br>% | 120<br>% | 100<br>% |
| GFR ml/min        | 39.98   | 13.23    | 35.21    |

(Normal range: 90 -146 ml/min, corrected to patient's age and body weight.)

**IMPRESSION:**

Left non obstructed normally functioning kidney.  
 Right hydronephrotic obstructed kidney with severely impaired function. *Keep the records carefully and bring them along during your next visit to our hospital*

For enquiry & appointments contact **011-26925801 / 26925856**

# Health & Care Path Lab

233-A, Pocket C-2 (Near Pocket B-5 Gate), Mayapuri Vihar, Phase-3, Delhi-95

REG. NO. 3344



IAF  
LAB ISO 9001:2008 Certified Lab  
INTERNATIONAL ACCREDITATION FORUM

## LAB REPORT

Date: 23/05/2022  
Name: MST. YASH  
Ref. By: Dr. B.P.SINGH  
Sri No: 23  
Age: 02 Yrs.  
Sex: M  
Company: HC0010  
Ref. Lab/Hosp.  
Reporting Date: 23/05/2022

| Test Name                         | Value | Unit  | Normal Value  |
|-----------------------------------|-------|-------|---------------|
| <b>KIDNEY FUNCTION TEST (RFT)</b> |       |       |               |
| BLOOD UREA                        | 21.5  | mg/dl | 10 - 40       |
| SERUM CREATININE                  | 0.62  | mg/dl | 0.5 - 1.2     |
| SERUM URIC ACID                   | 5.13  | mg%   | 3.2 - 7.2     |
| CALCIUM                           | 9.11  | mg/dl | 8.8 - 10.5    |
| SODIUM                            | 137.4 | MEq/L | 135.0 - 155.0 |
| POTASSIUM                         | 4.38  | MEq/L | 3.5 - 5.50    |
| TOTAL PROTEIN                     | 7.24  | g/dl  | 6.4 - 8.3     |
| ALBUMIN                           | 4.31  | g/dl  | 3.4 - 4.8     |
| GLOBULIN                          | 2.93  | g/dl  | 2.3 - 3.5     |
| A/G RATIO                         | 1.471 |       | 1.0 - 3.0     |

\*\*\* End of Report \*\*\*

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DR. BHAVNA JAISWAL  
MBBS, MD, DPM  
CONSULTANT PATHOLOGIST

All the investigations have their limitations imposed by to limits of sensitivity and specificity of assay procedures.  
All the reports must be analysed by the treating Doctor only and must be correlated with clinical profile of the patient and ancillary investigations.  
All though results are double checked before giving the results, if the results are unexpected or alarming, the doctor is advised to contact immediately for clarification.

## LAB REPORT

Date: 23/05/2023  
 Name: MST. YASH  
 Ref. By: Dr. B.P.SINGH

Srl No: 23  
 Age: 02 Yrs  
 Sex: M

Company: HC0010  
 Ref. Lab/Hosp:  
 Reporting Date: 23/05/2023

Test Name Value Unit Form Value

### SEROLOGY

Widal Test (Slide Method)

|            | 1/20 | 1/40 | 1/80 | 1/160 | 1/320 |
|------------|------|------|------|-------|-------|
| TYPHI 'O'  | +    | +    | -    | -     | -     |
| TYPHI 'H'  | +    | +    | -    | -     | -     |
| TYPHI 'AH' | +    | +    | -    | -     | -     |
| TYPHI 'B'  | +    | +    | -    | -     | -     |

RESULT :- NEGATIVE

#### INTERPRETATION :

Sera from normal individuals may show agglutination in dilutions up to 1:40. Agglutination titres of 1:40 or more are significant and rising titres on repetition of test after few days is more suggestive of enteric fever.

#### LIMITATIONS OF WIDAL TEST

Numerous false positives due to cross reacting antibodies and heterospecific anamnestic responses and false low titres as a result of earlier treatment are observed. This makes clinical correlation with lab findings mandatory.

Also Available: Rapid Continuous Monitoring Blood Culture on BACTEC (Becton & Dickinson) for rapid and efficient detection of Salmonella in blood.

\*\*\*\* End Of Report \*\*\*\*

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Page 2 of 3



DR. BHAYNA JAISWAL  
 MBBS, MD, DPH  
 CONSULTANT PATHOLOGIST

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- All though results are double checked before giving the results, if the results are unexpected or alarming, the doctor is advised to contact the lab. immediately for clarification.

# Health & Care Path Lab

233-A, Pocket C-2 (Near Pocket B-5 Gate), Mayapuri Vihar, Phase-3, Delhi-96

REG. NO. 33



## LAB REPORT

|         |               |        |         |                |            |
|---------|---------------|--------|---------|----------------|------------|
| Date    | 23/05/2022    | Srl No | 23      | Company        | HC0010     |
| Name    | MST. YASH     | Age    | 02 Yrs. | Ref. Lab/Hosp. |            |
| Ref. By | Dr. B.P.SINGH | Sex    | M       | Reporting Date | 23/05/2022 |

| Test Name | Value | Unit | Normal Value |
|-----------|-------|------|--------------|
|-----------|-------|------|--------------|

### URINE EXAMINATION TEST

#### URINE EXAMINATION

#### PHYSICAL EXAMINATION

|                  |                 |    |               |
|------------------|-----------------|----|---------------|
| QUANTITY         | 10              | ml | 10-20         |
| COLOUR           | PALE YELLOW     |    | Pale Yellow   |
| TRANSPARENCY     | SLIGHTLY TURBID |    | Clear         |
| SPECIFIC GRAVITY | 1.010           |    | 1.005 - 1.035 |
| PH               | 5               |    | Acidic        |

#### CHEMICAL EXAMINATION

|                |     |  |     |
|----------------|-----|--|-----|
| ALBUMIN        | NIL |  | NIL |
| REDUCING SUGAR | NIL |  | NIL |

#### MICROSCOPIC EXAMINATION

|                  |     |      |     |
|------------------|-----|------|-----|
| PUS CELLS        | 1-2 | /HPF | 1-2 |
| RBC'S            | NIL | /HPF | NIL |
| CASTS            | NIL |      | NIL |
| CRYSTALS         | NIL |      | NIL |
| EPITHELIAL CELLS | 4-5 | /HPF | 1-2 |
| BACTERIA         | NIL |      | NIL |
| OTHERS           | NIL |      | NIL |

\*\*\*\* End Of Report \*\*\*\*

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Page 1 of 1

*Jainwal*

DR. BHAVNA JAISWAL  
M.B.B.S., M.D., D.P.B.  
CONSULTANT PATHOLOGIST

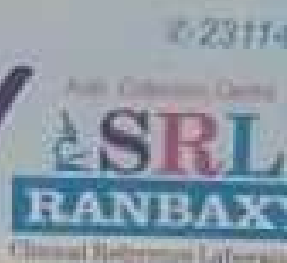
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- All though results are double checked before giving the results, if the results are unexpected or alarming, the doctor is advised to contact immediately for clarification



# Ajay Pathology

AN ISO 9001:2000 Certified Lab.

Multi-Specialty & Reference Clinical Lab



PL name :- YASHU  
 Ref By Dr VIDAY KUMAR SHARMA D.Ch  
 Date :- 20/05/2022  
 SMO :- VI

## URINE ROUTINE EXAMINATION

|                           |                  | Normal Range |
|---------------------------|------------------|--------------|
| Physical-<br>Appearance   | DARK YELLOW DISH | PALE         |
| Sp Gravity                | Q.N.S.           | 1.010-1.035  |
| Chemical-<br>Reaction     | Acidic           | Acidic       |
| Sugar                     | NIL              | NIL          |
| Protein                   | TRACES           | NIL          |
| Bile salt                 | -                | NIL          |
| Bilirubin                 | -                | NIL          |
| Microscopic-<br>Epi cells | 08-10 /HPF       | 0-5 /HPF     |
| Pus cells                 | 06-08 /HPF       | 0-5 /HPF     |
| RBCs                      | NIL              | 0-2 /HPF     |
| Cast                      | NIL              | NIL          |
| Crystals                  | NIL              | VARIABLE     |
| Contamination             | NIL              | NIL          |

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