



Jan Sanjeevni Trust

Hands to Serve - Heart to Love

Reg. No. 1061

PAN No. AADTJ0816E

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJ0816E

Jan Sanjeevni Trust Website: www.jstngo.org

Jan Sanjeevni Trust E-mail : we@jstngo.org

PATIENT NAME	Mast. Suyog Chauhan
GURDIAN	Hitesh Nanji Chauhan
D.O.B/ SEX	7 Years, Male
DISEASE NAME	Acute Necrotising Encephalopathy (ANE)
TREATMENT HOSPITAL	ACME Hospital (Mumbai)
UHID NO	030755
DEPARTMENT NAME	Pediatric & Neonatology
TREATMENT COST	₹6 lakh-7 lakh
GURDIAN's OCCUPATION	Security Guard
ADDRESS	Mahul Gaon Mahada Colony chembur, Mumbai, 400074



@jansanjeevnitrust



Jan Sanjeevni Trust



Jan Sanjeevni Trust

महाराष्ट्र शासन

तहसील कार्यालय : ठाणे, जिल्हा : ठाणे



जा क्रमांक : 416561519625

दिनांक : 26 ऑक्टोबर 2026

उत्पन्न प्रमाणपत्र (1 वर्षासाठी)

प्रमाणित करण्यात येते की, श्री / श्रीमती हितेश नानजी चौहान राहणार रुम न. 102, श्री साई श्रद्धा सीएचएस एलटीडी गाव ठाणे (महानगरपालिका.), तहसील ठाणे, जिल्हा ठाणे येथील अर्जदार आहेत. त्यांचे तलाठी अहवालानुसार व त्यांनी पुरविलेल्या माहिती / कागदपत्रानुसार त्यांच्या कुटुंबातील सर्व सदस्यांचे सर्व मार्गानी मिळालेले एक वर्षाचे उत्पन्न खालील प्रमाणे आहे

वर्ष	वार्षिक उत्पन्न (₹)	अक्षरी (रुपये)
2025 - 2026	1,20,000	एक लाख वीस हजार

सदरचा दाखला श्री / श्रीमती हितेश नानजी चौहान यांना देण्यात येत आहे.
हे प्रमाणपत्र 31 मार्च 2027 पर्यंतच वैध राहील.



1251261026601877791

स्थळ : ठाणे

दिनांक : 26 ऑक्टोबर 2026



(With the seal of Office)

Digitally signed by
Dattatray Arvind Berde
26-Oct-2026 23:34:10 IST



नायब तहसीलदार
ठाणे



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22/10/2026

TO WHOM SO EVER IT MAY CONCERN

MAST. SUYOG CHAUHAN

7YEARS / MALE

ADMITTED IN OUR HOSPITAL ON 20/10/2026 FOR ACUTE NECROTISING ENCEPHALOPATHY, REQUIRES VENTI SUPPORT, NOW, PATIENT WILL REQUIRE HOSPITAL STAY FOR APPROX 20-22 DAYS. KINDLY DO THE NEEDFUL.

CHARGES HAVE BEEN EXPLAINED TO PARENTS AND DAILY BASIS FINANCIAL AND CLINICAL CONDITION UPDATES ARE GIVEN TO PATIENTS RELATIVES.

THEY WERE GIVEN GOVERNMENT HOSPITAL OPTION ALSO.

CURRENT APPROX EXPENSES ARE:

BED CHARGES: RS. 12000/-

VENTI CHARGES: RS. 5000/-

MEDICINE CHARGES: RS. 5000-6000/- PER DAYS

IMMUNOMODULATORS & IMMUNOGLOBULIN- 1-1.5LAC

LAB & RADIOLOGICAL INVESTIGATION CHARGES: RS. 3000-4000/- PER DAY

ESTIMATE EXPENSES: RS: 600000 - 700000/-

ACCOUNT HOLDER NAME: ACME HEALTHCENTER PVT. LTD.

BANK NAME: AXIS BANK LTD.

BRANCH ADDRESS: CHEMBUR BRANCH

ACCOUNT NUMBER: 921020035081560

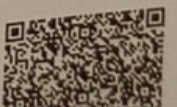
ACCOUNT TYPE: CURRENT ACCOUNT

IFSC CODE: UTIB0002933

ACME HOSPITAL



DR. IRPHAN ALI
HEAD OF THE DEPARTMENT
PAEDIATRIC & NEONATOLOGY
REG. NO. 030755
ACME HOSPITAL



Client Name : **SUYOG CHAUHAN**

Sex / Age : Male/

Referred by : ACME HOSPITAL

Contact no : **7276065011**

Collected at : .OUTSIDE COLLECTION



Lab ID no : **HPS1957-201026**

Registered On : 20-Oct-2026 10:55 pm

Collected On : 21-Oct-2026 01:38 am

Reported On : 21-Oct-2026 01:41 am



Biochemistry - Blood Examination

Test	Observed Values	Units	Biological Reference Interval
Calcium , Serum	8.6	mg/dL	8.8 - 10.2

METHOD: Calcium by Arsenazo III Method

References:

- 1) Method Manual of MISPA NANO PLUS
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics, Edited by: Carl A.burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

Calcium is abnormal in bone & parathyroid disease states. Parathyroid hormone causes resorption of this mineral from bone. However, it promotes intestinal absorption and renal reabsorption of calcium. In hyperparathyroidism, serum calcium will be increased. In hypoparathyroidism and renal disease, serum calcium will be low. In vitamin D dependent rickets (VDDR), calcium will be low; however, calcium is normal in vitamin D resistant rickets (VDRR). Differential diagnosis of an abnormal serum calcium is aided by the measurement of ionized calcium (i.e., calcium not bound by protein). Conversely, while hyperparathyroidism, malignancies (those that secrete parathyroid hormone-related protein), multiple myeloma, antacids, hyperproteinemia, dehydration, and hypervitaminosis D cause an elevated total calcium.

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Specimen / Sample Collection Site Details
OUT OF LAB SAMPLE COLLECTION STATUS

Dr J. S. Ohri
Dr J. S. Ohri
Consultant Pathologist
MD Path Mumbai
MMC Reg no 80931

Client Name : **SUYOG CHAUHAN**
Sex / Age : Male/
Referred by : ACME HOSPITAL
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Hematology - Complete Hemogram

Test	Observed Values	Units	Biological Reference Interval
HEMOGLOBIN & RBC INDICES			
Haemoglobin	10.60	g/L	Males: 13.0 - 17.0 Females: 12.0 - 15.0
RBC Count	4.00	Million/cumm	Males: 4.50 - 5.50 Females: 3.80 - 4.80
Hematocrit (PCV)	31.7	%	40.0 - 50.0
MCV	79.3	fL	83 - 101
MCH	26.6	pg	27 - 32
MCHC	33.5	g/L	31.5 - 34.5
RDW - CV	15.8	%	11.6 - 14.0
RDW SD	46.3	fL	38 - 53
PLATELET STUDY			
Platelet Count	81	$\times 10^3/\mu\text{L}$	150 - 410
Absolute Platelet Count	81000	/ μL	150,000 - 410,000
MPV	9.6	fL	6.78 - 13.46
PDW	16.3	%	10.0 - 18.5
PCT (Plateletcrit)	0.078	%	0.120 - 0.350
P-LCR	27.6	%	17.5 - 47.5
TOTAL WBC COUNT			
Total Leucocyte Count	5300	/CuMM	4,000 - 10,000
DIFFERENTIAL WBC COUNT			
Neutrophils	30	%	40 - 80
Lymphocytes	66	%	20 - 40
Eosinophils	1	%	01 - 06

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Monocytes	3	%	02 - 10
Basophils	0	%	00 - 02
<u>ABSOLUTE WBC COUNTS</u>			
Absolute Neutrophil Count	1590	/CuMM	1600 - 8250
Absolute Lymphocyte Count	3498	/CuMM	800 - 4950
Absolute Eosinophil Count	53	/CuMM	40 - 500
Absolute Monocyte Count	159	/CuMM	120 - 1250
Absolute Basophil Count	0	/CuMM	00 - 300
-	Platelets manually confirmed		

METHOD: CBC on 05 Part Hematology Analyzer.

HB by Colorimetric Method, RBC & Platelets by Electrical Impedance, RBC & Platelet indices - Calculated, WBC by Flow Cytometry-LASER, All Absolute WBC Counts are calculated from differential counts. Differential Counts are based on 10,000 cells. All abnormal hemograms are microscopically reviewed.

SAMPLE TYPE - EDTA Whole Blood

General Interpretation

Blood contains three main components: red blood cells (RBC), White Blood Cells (WBC), and platelets. These cells are suspended in fluid called plasma.

Hemoglobin (Hgb) is the main component of erythrocytes, which serves as the vehicle for the transport of oxygen and carbon dioxide. RBC count (erythrocyte count) is count off RBCs per unit volume. Hematocrit (HCT) is a measure of the total volume of the erythrocytes relative to the total volume of whole blood. The MCH represents the mean mass of Hgb in the RBC. MCHC is the mean concentration of Hgb in the red cell. MCV is the mean volume of all the erythrocytes counted in the sample. RDW describes the volume variation in size among all the red cells.

Function of WBC's is to protect the body from invasion by foreign substances such as bacteria, fungi, pathologic conditions and disease processes.

Platelets (thrombocytes) are the smallest of the formed elements in the blood. Platelets are essential to homeostasis and blood clotting.

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Biochemistry - Blood Examination

Test	Observed Values	Units	Biological Reference Interval
Creatinine, Serum	1.00	mg/dL	Adult Males: 0.40 - 1.40 Adult Females: 0.40 - 1.10

Method: Creatinine by Creatinase,SOD,POD Method

References: 1) Method Manual of MISPA NANO PLUS

2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics Edited by: Carl A.burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

Creatinine test is performed during diagnosis of kidney disease. High creatinine levels can be 1) Kidney Damage- Glomerulonephritis, pyelonephritis, diabetic nephropathy and conditions such as shock and congestive heart failure; 2) Damage to the muscle mass- Muscle Damage, muscle injury, increased breakdown of muscle tissue, Accidents, Rhabdomyolysis, trauma , Myoglobin release in blood 3) An effect of increased muscle mass.

Low creatinine levels indicate Decreased muscle mass or drugs.

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C Reactive Protein (CRP) Quantification

Test	Observed Values	Units	Biological Reference Interval
CRP Levels	0.12	mg/Lit	Adults M/F: 0.00 - 5.40 Newborns -- At Birth till 10 hrs: < 0.9 10 hrs - 24 hrs: < 3.60 01 day - 07 days: < 2.4 Children: 0.00 - 5.0

Method: CRP by Immunoturbidimetric Assay

Sample Type: Serum

References:

- 1) Method Manual of MISPA NANO PLUS
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics, Edited by: Carl A.burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

C reactive protein appears in serum of individuals in response to various inflammatory conditions and tissue necrosis and disappears as the causative condition subsides.
CRP is raised in

- 1) Bacterial Infections
- 2) Active Rheumatic Fever
- 3) Malignant Diseases
- 4) Rheumatoid Arthritis
- 5) Blood transfusions / Surgical procedures,
- 6) Burns, Pemphigus Vulgaris & bullous lesions.

Elevation of CRP levels indicate Tissue Damage or inflammation with great reliability. Regular monitoring of CRP levels assesses Disease activity and guides to therapy. CRP determination is considered to be the most significant marker / indicator of Inflammatory disease and is a non specific response to tissue injury.

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Immunochromatography - Dengue IgG Antibodies

Test	Observed Values	Biological Reference Interval
Dengue IgG Ab Result	Negative	Negative

* indicates rechecked result

Method: Immunochromatographic Assay on serum / plasma.

General Interpretation

Dengue Fever belongs to the viral family of flaviviridae. Vector is Aedes Aegypti / Albopictis mosquito. Dengue IgG test has specificity for acute Dengue Fever but rises after 2 weeks & remains positive in serum samples upto roundabout 5-6 months depending on patient's immunocompetence. IgG test for dengue assists in diagnosis of relapse & workup of the disease in patients with relapse.

As this test is a screening test, All test positive results have to be compulsorily rechecked by fluorescence, PCR or ELISA method or other quantification assay procedure for confirmation. Also all test negative results do not confirm absence of Dengue in the patient and can be retested after six to twenty four hours as per clinical evaluation, and maybe reconfirmed by quantitative assays if clinically indicated.

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Client Name : **SUYOG CHAUHAN**

Sex /Age : Male/

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Immunochromatography - Dengue IgM Antibodies

Test	Observed Values	Biological Reference Interval
Dengue IgM Ab Result	Negative	Negative

^ indicates rechecked result.

* indicates that ELISA / Quantification Test is required for Definitive diagnosis with Clinical assessment to confirm diagnosis

Method: Immunochromatographic Assay on serum / plasma.

General Interpretation

Dengue Fever belongs to the viral family of flaviviridae. Vector is Aedes Aegypti / Albopictis mosquito. Dengue IgM test has specificity for acute Dengue Hemorrhagic Fever but gives test result positivity after 4 days of primary infection. Dengue IgM and Dengue NS1 antigen form a good combination of early and specific diagnosis to Dengue Hemorrhagic Fever, thus decreasing disease mortality. NS1 Ag assay, if used in combination with Dengue IgM on a single serum sample of a suspected case, has the ability to improve the diagnostic algorithm contributing significantly to the clinical treatment and control of dengue viral infections.

As this test is a screening test, All test positive results have to be compulsorily rechecked by fluorescence, PCR or ELISA method or other quantification assay procedure for confirmation. Also all test negative results do not confirm absence of Dengue in the patient and can be retested after six to twenty four hours as per clinical evaluation, and maybe reconfirmed by quantitative assays if clinically indicated.

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Immunochromatography - Lepto IgM Test

Test	Observed Values	Biological Reference Interval
Leptospira - IgM Ab Result	Negative	Negative

* indicates rechecked result

Method: Immunochromatographic Assay

Sample Type - Serum

General Interpretation

Structurally Leptospira are actively motile, delicate spirochaetes possessing closely wound spirals with hooked ends. Leptospirosis is a zoonotic disease with worldwide presence Leptospira IgM forms mainstay of specific diagnosis. Infection occurs through water contaminated with urine of carrier animals entering body through cuts, abrasions, intact GI tract, nose or conjunctiva.

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Peripheral Smear Study - Malarial Parasites

Test	Observed Values	Biological Reference Interval
Malarial Parasites	Not Detected	Not Detected
Parasite Index	----	%

Method: Oil immersion stained Peripheral smear study on Thin Smears with Field's Stain

Sample Type - EDTA Whole Blood

General Interpretation

1. Smears may show negative result if blood is collected during apyrexial interval, 3 days after primary infection and after antimalarial therapy.

2. Peripheral smear has sensitivity of 86.79% and hence repeated smear examination can be required to rule out false negativity.

3. Peripheral smear examination is a screening test and other methods like QBC (quantitative buffy coat), malaria antigen test and PCR should be used for confirmation especially in low parasitic index.

4. Parasitic index reflects severity of infestation (parasites per 100 RBC). Parasitemia after adequate therapy is indicative of resistant strains.

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Immunochromatography - NS1 Antigen Dengue

Test	Observed Values	Biological Reference Interval
Dengue NS1- Antigen	Negative	Negative

^ indicates rechecked result.

* indicates that ELISA / Quantification Test is required for Definitive diagnosis with Clinical assessment to confirm diagnosis

Method: Immunochromatographic Assay

Sample Type - Serum / plasma sample

General Interpretation

Dengue Fever belongs to the viral family of flaviviridae. Vector is Aedes Aegypti / Albopictis mosquito. NS1 Antigen starts giving positive results from as early as 24 hours to 4 days in cases of Dengue primary infection. In view of the high mortality rate & to reduce the disease burden, it is imperative to have a rapid and sensitive laboratory assay like Dengue NS1 Antigen for early detection of the disease. NS1 Ag assay is an effective tool for diagnosis of DV infection, specially within the first four days of illness. Early detection of DHF by NS1 assay can help in early confirmation and management of this vulnerable group. NS1 Ag assay, if used in combination with Dengue IgM on a single serum sample of a suspected case, has the ability to improve the diagnostic algorithm contributing significantly to the clinical treatment and control of dengue viral infections.

As this test is a screening test, All test positive results have to be compulsorily rechecked by fluorescence, PCR or ELISA method or other quantification assay procedure for confirmation. Also all test negative results do not confirm absence of Dengue in the patient and can be retested after six to twenty four hours as per clinical evaluation, and maybe reconfirmed by quantitative assays if clinically indicated.

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Electrolyte Test -- ISE Module

Test	Observed Values	Units	Biological Reference Interval
Sodium, Serum	138	mmol/Lit	135 - 146
Potassium, Serum	4.10	mmol/Lit	3.6 - 5.3
Chloride, Serum	106	mmol/Lit	97 - 107

Method: Ion Selective Electrode Analysis

Sample Type: Serum / Plasma

General Interpretation

Sodium levels are directly related to the osmotic pressure of the plasma & loss of sodium leads to dehydration and retention of sodium leads to edema. Conditions that promote hyponatremia include diabetes insipidus, Cushing's disease and hyperaldosteronism. Low serum sodium (hyponatremia) may result from Addison's disease, excessive diuretic therapy, the syndrome of inappropriate secretion of antidiuretic hormone (SIADH), burns, diarrhea, vomiting and cystic fibrosis. Potassium is a STAT test because values below 3.0 mmol/L are associated with arrhythmia (irregular heartbeat), tachycardia (rapid heartbeat), and cardiac arrest and serum values above 6.0 mmol/L are associated with bradycardia (slow heartbeat) and heart failure. Hypokalemia is caused by overhydration, loop diuretics, SIADH, Bartter's Syndrome, Insulin infusion in diabetes, Alkalosis, vomiting. Hyperkalemia is caused by dehydration, Diabetes insipidus, hemolysis, hypoadrenalism, acidosis and rhabdomyolysis. Chloride is one of the important minerals in the blood with sodium, potassium & calcium. Chloride helps keep the amount of fluid inside and outside of cells in balance. It also helps maintain proper blood volume, blood pressure, and pH of body fluids. Chloride contributes to body functions like the maintenance of osmotic pressure, acid-base balance, muscular activity and the movement of water between fluid compartments. It is associated with sodium in the blood and was the first electrolyte to be routinely measured in the blood. Chloride ions are secreted in the gastric juice as HCL, which is essential for the digestion of food.

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Client Name : **SUYOG CHAUHAN**

Sex / Age : Male/

Referred by : ACME HOSPITAL

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Biochemistry - Blood Examination

Test	Observed Values	Units	Biological Reference Interval
SGOT (AST), Serum	140.43	U/Lit	Male: 00 - 35 Female: 00 - 31

METHOD: SGOT by Oxaloacetate, MDH Method

References:

- 1) Method Manual of MISPA NANO PLUS
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics, Edited by: Carl A. burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

SGOT (Serum Glutamic-Oxaloacetic Transaminase) test, also known as the AST (Aspartate Aminotransferase) test, is a blood test that measures the amount of an enzyme called AST in the blood. Elevated AST levels can indicate damage to the liver, muscles, heart or other organs. Interpreting SGOT results involves comparing the test results to the normal range and also considering other factors like age, gender, and potential causes of elevated levels clinically.

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Biochemistry - SGPT

Test	Observed Values	Units	Biological Reference Interval
SGPT, Serum	43.19	U/Lit	Male: 00 - 45 Female: 00 - 35

METHOD: SGPT by Pyruvate, Lactate dehydrogenase Method

References:

- 1) Method Manual of MISPA NANO PLUS
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics, Edited by: Carl A. Burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

SGPT (ALT) test measures the level of an enzyme in your blood. Elevated SGPT levels can indicate liver damage or inflammation, but are also found in other conditions. Mildly elevated SGPT (ALT) levels may be due to fatty liver, alcohol consumption, or certain medications. Significantly elevated SGPT (ALT) levels may indicate hepatitis, cirrhosis, or other liver diseases.

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Client Name : **SUYOG HITESH CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
Contact no : **7276065011**
Collected at : .OUTSIDE COLLECTION

Lab ID no : **HPS1958-211026**
Registered On : 21-Oct-2026 01:02 am
Collected On : 21-Oct-2026 01:07 am
Reported On : 21-Oct-2026 01:48 am



Examination of CSF - Microscopic Evaluation

Test	Observed Values	Unit	Biological Reference Interval
<u>Microscopic Examination, CSF</u>			
Wet Mount	- Occasional RBC's seen		Absent
	- Occasional WBC`s seen		Absent
<u>Total Cell Count, CSF</u>			
RBC Manual Count	1	/ cumm	0 -- 15
WBC Manual Count	2	/ cumm	0 -- 5
<u>Differential Counts, CSF</u>			
Neutrophils	0	%	0%
Lymphocytes	100	%	100% (with normal counts)

Method - Wet Mount Study & manual counting of RBC/WBC in Neubaur's Chamber. (Corrected counts are reporting with Dilution factor eliminated for true value Counts)

General Interpretation

Normally CSF is clear, colorless, pH alkaline, specific gravity less than 1.010, no clot formation and 0 -- 5 cells (lymphocytes) seen per cumm.

Chemically proteins are 15 -- 60 mg/dL, Sugars are 50 -- 80 mg/dL. WBC's more than 200/cumm account for cloudy CSF.

Clot formation is seen tubercular & suppurative meningitis, traumatic taps & froin's syndrome. Xanthochromias are seen in subarachnoid hemorrhage, jaundice states and drugs like rifampicin.

In case of clots WBC & RBC counts may not be accurate. Hemorrhagic CSF may falsely give higher protein (microprotein) values (due to protein content of blood) and higher WBC counts (WBC from blood components) which has to be taken in correlation before report interpretation.

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2:11 am

Specimen / Sample Collection Site Details
OUT OF LAB SAMPLE COLLECTION STATUS

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Dr J. S. Ohri
Consultant Pathologist
MD Path Mumbai
MMC Reg no 80931

Client Name : **SUYOG HITESH CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
Contact no : **7276065011**
Collected at : .OUTSIDE COLLECTION

Lab ID no : **HPS1958-211026**
Registered On : 21-Oct-2026 01:02 am
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Reported On : 21-Oct-2026 01:48 am



Examination of CSF - Physical Evaluation

Test	Observed Values	Biological Reference Interval
Physical Examination, CSF		
Volume, CSF	< 2 mL	----
Appearance, CSF	Clear	Clear
Colour, CSF	Colorless	Colorless
pH / Reaction, CSF	Alkaline	Alkaline
Blood, CSF	Absent	Absent
Clot, CSF	Absent	Absent

Method: Visual estimation and pH paper test

General Interpretation

Normally CSF is clear, colorless, pH alkaline, specific gravity less than 1.010, with no clot formation. Cerebrospinal fluid is placed in intraventricular and subarachnoidal spaces. CSF is formed in chorioid plexi of brain ventricles and subarachnoidally and circulates round brain and spinal cord. CSF is reabsorbed to venous (80%) and lymphatic (20%) systems normally maintaining adequate CSF intracranial pressure. Physiologically CSF Volume in adults is 120-180 ml, CSF Volume in small babies 40-60 ml, with a daily production 430-580 ml. CSF is a hypo-oncotic and iso-osmolar fluid.

Function of cerebrospinal fluid (CSF) are mechanic protection of brain and spinal cord, protection against microorganisms, transport of biomolecules to the brain, clearance of catabolites (CO₂, lactate) and maintenance of constant and adequate intracranial pressure.

Cellular counts totally (RBC/WBC's) more than 200/cumm accounts for cloudy CSF (labeled as slight turbid). Thus Turbidity can suggest infection, high white blood cell counts, or elevated protein levels. Xanthochromia typically arises from the breakdown of red blood cells and can indicate bleeding in the CSF that occurred several hours to days prior of procedure of CSF tap. Red CSF, can signify bleeding. However, it's crucial to differentiate this from blood introduced during the lumbar puncture (spinal tap) itself.

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Specimen / Sample Collection Site Details
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Dr J. S. Ohri
Dr J. S. Ohri

Consultant Pathologist
MD Path Mumbai
MMC Reg no 80931

Client Name : **SUYOG HITESH CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
Contact no : **7276065011**
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Lab ID no : **HPS1958-211026**
Registered On : 21-Oct-2026 01:02 am
Collected On : 21-Oct-2026 01:07 am
Reported On : 21-Oct-2026 01:47 am



Examination of CSF - Chemical

Test	Observed Values	Units	Biological Reference Interval
Proteins, CSF	21.00	mg/dL	15 -- 60
Sugars, CSF	97.40	mg/dL	50 -- 80

Method: CSF Proteins by Colorimetric reaction, CSF Sugars by Hexokinase enzymatic reaction

General Interpretation

Elevated CSF protein levels can indicate

- 1) Infections or inflammation, including bacterial, fungal, or viral meningitis
- 2) Blood in the CSF: from bleeding (hemorrhage) or a traumatic lumbar puncture.
- 3) Brain tumors: or other tumors within the central nervous system.
- 4) Demyelinating diseases: like multiple sclerosis.

Decreased protein level can sometimes suggest rapid CSF production.

The CSF glucose level should be at least two-thirds of the simultaneous blood glucose level. Low CSF glucose, especially when compared to blood sugar, suggests CNS infection (bacterial, fungal, TB), while increased protein indicates inflammation or conditions like tumors or bleeding. These levels are interpreted in context with white blood cell counts and other tests for a comprehensive diagnosis of infections or other neurological disorders.

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Specimen / Sample Collection Site Details
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Dr J. S. Ohri
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MD Path Mumbai
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Client Name : **SUYOG CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
Contact no : **7276065011**
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Lab ID no : **HPS2063-221026**
Registered On : 22-Oct-2026 11:49 am
Collected On : 22-Oct-2026 11:54 am
Reported On : 22-Oct-2026 12:30 pm



Electrolyte Test -- ISE Module

Test	Observed Values	Units	Biological Reference Interval
Sodium, Serum	148	mmol/Lit	135 - 146
Potassium, Serum	3.70	mmol/Lit	3.6 - 5.3
Chloride, Serum	115	mmol/Lit	97 - 107

Method: Ion Selective Electrode Analysis

Sample Type: Serum / Plasma

General Interpretation

Sodium levels are directly related to the osmotic pressure of the plasma & loss of sodium leads to dehydration and retention of sodium leads to edema. Conditions that promote hyponatremia include diabetes insipidus, Cushing's disease and hyperaldosteronism. Low serum sodium (hyponatremia) may result from Addison's disease, excessive diuretic therapy, the syndrome of inappropriate secretion of antidiuretic hormone (SIADH), burns, diarrhea, vomiting and cystic fibrosis. Potassium is a STAT test because values below 3.0 mmol/L are associated with arrhythmia (irregular heartbeat), tachycardia (rapid heartbeat), and cardiac arrest and serum values above 6.0 mmol/L are associated with bradycardia (slow heartbeat) and heart failure. Hypokalemia is caused by overhydration, loop diuretics, SIADH, Bartter's Syndrome, Insulin infusion in diabetes, Alkalosis, vomiting. Hyperkalemia is caused by dehydration, Diabetes insipidus, hemolysis, hypoadrenalism, acidosis and rhabdomyolysis. Chloride is one of the important minerals in the blood with sodium, potassium & calcium. Chloride helps keep the amount of fluid inside and outside of cells in balance. It also helps maintain proper blood volume, blood pressure, and pH of body fluids. Chloride contributes to body functions like the maintenance of osmotic pressure, acid-base balance, muscular activity and the movement of water between fluid compartments. It is associated with sodium in the blood and was the first electrolyte to be routinely measured in the blood. Chloride ions are secreted in the gastric juice as HCL, which is essential for the digestion of food.

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Specimen / Sample Collection Site Details
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Dr J. S. Ohri
Dr J. S. Ohri

Consultant Pathologist
MD Path Mumbai
MMC Reg no 80931

23/10/2024

SUMMARY

NAME: MAST. SUYOG CHAUHAN

A 7 YEARS OLD MALE CHILD ADMITTED WITH ACIVE STATE OF SEIZURE WITH H/O FEVER SINCE 5 DAYS.

COURSE IN THE HOSPITAL:

CNS: ON A DMSISION, PATIENT WAS IN ACTIVE SEIZURE, HENCE INJ. MIDAZ GIVEN & LOADED WITH LEVERA. SEIZURE SUBSIDED WITH MIDAZ BUT SENSORIUM WAS DETORIATING HENEC INTUBATED & TAKEN ON VENTI SUPPORT, LUMBAR PUNCTURE DONE- CSF ROUTINE S/O WITHIN NORMAL RANGE. NEURO OPINION TAKEN BY DR. ANKIT PANDEY, INJ. NS 3% & MPS STARTED, MRI BRAIN DONE S/O ACUTE NECROTIC ENCEPHALOPATHIC (ANEC), INJ. TOCILIZUMAB GIVEN INJ. IVIG GIVEN.

NOW, PATIENT IS ON VENTI SUPPORT, LIMB MOVEMENTS ON PAIN STIMULATION PRESENT, NO SPONTANEOUS ACTIVITY.

RESPIRATORY SYSTEM:

PATIENT WAS ON O2 SUPPORT ON ADMSSION, INTUABTED IN A VIEW OF POOR SENSORIUM WITH POOR RESPIRATORY EFFORTS.

CURRENTLY ON VENTI SUPPORT, MAINTAINING SPO2 WELL (PC MODE: FIO2 30, PIP 9, VR 25, PEEP 6)

CARDIOVASCULAR SYSTEM:

PATIENT WAS ON ADRENALIN INFUSION WHICH TAPPERED & STOPPED NOW, PULSES & PERFUSION GOOD.

INFECTION:

PATIENT HAD CONTINUOUS HIGH GRADE FEVER. BLOOD INVETSIOGATIONS S/O THROMBOCYTOPENIA, INJ. MEROPENUM/ VANCOMYCIN/ ACYCLOVIR STARTED.

NOW, PATIENT IS ON VENTI SUPPORT, NOT ON ANY SEDATION DRIP, LIMB MOVEMENTS OF PAIN STIMULATION.

TREATMENT:

INJ. MEROPENUM

INJ. VANCOMYCIN

INJ. ACYCLOVIR

INJ. MPS

INJ. PAN

INJ. LEVIPIL

INJ. PCM

IVF 0.45% NS


→



Client Name : **SUYOG HITESH CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
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Lab ID no : **HPS2139-231026**
Registered On : 23-Oct-2026 08:46 am
Collected On : 23-Oct-2026 08:51 am
Reported On : 23-Oct-2026 09:24 am



Hematology - Complete Hemogram

Test	Observed Values	Units	Biological Reference Interval
HEMOGLOBIN & RBC INDICES			
Haemoglobin	10.80	g/L	11.5 - 15.5
RBC Count	4.16	Million/cumm	4.0 - 5.2
Hematocrit (PCV)	33.0	%	35 - 45
MCV	79.4	fL	77 - 95
MCH	25.9	pg	25 - 33
MCHC	32.7	g/L	31 - 37
RDW - CV	17.4	%	11.6 - 14.0
RDW SD	54.1	fL	40 - 53
PLATELET STUDY			
Platelet Count	147	$\times 10^3/\mu\text{L}$	170 - 450
Absolute Platelet Count	147000	/ μL	170,000 - 450,000
MPV	10.5	fL	6.81 - 10.37
PDW	16.9	%	10.0 - 18.5
PCT (Plateletcrit)	0.155	%	0.127 - 0.360
P-LCR	33.2	%	17.5 - 47.5
TOTAL WBC COUNT			
Total Leucocyte Count	6600	/CuMM	5000 - 13000
DIFFERENTIAL WBC COUNT			
Neutrophils	86	%	37 - 65
Lymphocytes	12	%	28 - 48
Eosinophils	0	%	0 - 3
Monocytes	2	%	3 - 6

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MMC Reg no 80931

Basophils	0	%	0 - 3
<u>ABSOLUTE WBC COUNTS</u>			
Absolute Neutrophil Count	5676	/CuMM	1600 - 8250
Absolute Lymphocyte Count	792	/CuMM	800 - 4950
Absolute Eosinophil Count	0	/CuMM	40 - 500
Absolute Monocyte Count	132	/CuMM	120 - 1250
Absolute Basophil Count	0	/CuMM	00 - 300
-	Platelets manually confirmed		

METHOD: CBC on 05 Part Hematology Analyzer.

HB by Colorimetric Method, RBC & Platelets by Electrical Impedance, RBC & Platelet indices - Calculated, WBC by Flow Cytometry-LASER, All Absolute WBC Counts are calculated from differential counts. Differential Counts are based on 10,000 cells. All abnormal hemograms are microscopically reviewed.

SAMPLE TYPE - EDTA Whole Blood

General Interpretation

Blood contains three main components: red blood cells (RBC), White Blood Cells (WBC), and platelets. These cells are suspended in fluid called plasma.

Hemoglobin (Hgb) is the main component of erythrocytes, which serves as the vehicle for the transport of oxygen and carbon dioxide. RBC count (erythrocyte count) is count off RBCs per unit volume. Hematocrit (HCT) is a measure of the total volume of the erythrocytes relative to the total volume of whole blood. The MCH represents the mean mass of Hgb in the RBC. MCHC is the mean concentration of Hgb in the red cell. MCV is the mean volume of all the erythrocytes counted in the sample. RDW describes the volume variation in size among all the red cells.

Function of WBC's is to protect the body from invasion by foreign substances such as bacteria, fungi, pathologic conditions and disease processes.

Platelets (thrombocytes) are the smallest of the formed elements in the blood. Platelets are essential to homeostasis and blood clotting.

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Specimen / Sample Collection Site Details
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Dr J. S. Ohri
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MD Path Mumbai
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Client Name : **SUYOG HITESH CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
Contact no : **7276065011**
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Lab ID no : **HPS2139-231026**
Registered On : 23-Oct-2026 08:46 am
Collected On : 23-Oct-2026 08:51 am
Reported On : 23-Oct-2026 09:49 am



Biochemistry - Blood Examination

Test	Observed Values	Units	Biological Reference Interval
Creatinine, Serum	0.92	mg/dL	Children <7yr: 0.24 - 1.10 Children <13yr : 0.52 - 1.10

Method: Creatinine by Creatinase,SOD,POD Method

References: 1) Method Manual of MISPA NANO PLUS

2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics Edited by: Carl A.burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

Creatinine test is performed during diagnosis of kidney disease. High creatinine levels can be 1) Kidney Damage- Glomerulonephritis, pyelonephritis, diabetic nephropathy and conditions such as shock and congestive heart failure; 2) Damage to the muscle mass- Muscle Damage, muscle injury, increased breakdown of muscle tissue, Accidents, Rhabdomyolysis, trauma , Myoglobin release in blood 3) An effect of increased muscle mass.

Low creatinine levels indicate Decreased muscle mass or drugs.

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Lab ID no : **HPS2139-231026**
Registered On : 23-Oct-2026 08:46 am
Collected On : 23-Oct-2026 08:51 am
Reported On : 23-Oct-2026 09:24 am



Electrolyte Test -- ISE Module

Test	Observed Values	Units	Biological Reference Interval
Sodium, Serum	151	mmol/Lit	135 - 146
Potassium, Serum	3.70	mmol/Lit	3.6 - 5.3
Chloride, Serum	119	mmol/Lit	97 - 107

Method: Ion Selective Electrode Analysis

Sample Type: Serum / Plasma

General Interpretation

Sodium levels are directly related to the osmotic pressure of the plasma & loss of sodium leads to dehydration and retention of sodium leads to edema. Conditions that promote hyponatremia include diabetes insipidus, Cushing's disease and hyperaldosteronism. Low serum sodium (hyponatremia) may result from Addison's disease, excessive diuretic therapy, the syndrome of inappropriate secretion of antidiuretic hormone (SIADH), burns, diarrhea, vomiting and cystic fibrosis. Potassium is a STAT test because values below 3.0 mmol/L are associated with arrhythmia (irregular heartbeat), tachycardia (rapid heartbeat), and cardiac arrest and serum values above 6.0 mmol/L are associated with bradycardia (slow heartbeat) and heart failure. Hypokalemia is caused by overhydration, loop diuretics, SIADH, Bartter's Syndrome, Insulin infusion in diabetes, Alkalosis, vomiting. Hyperkalemia is caused by dehydration, Diabetes insipidus, hemolysis, hypoadrenalism, acidosis and rhabdomyolysis. Chloride is one of the important minerals in the blood with sodium, potassium & calcium. Chloride helps keep the amount of fluid inside and outside of cells in balance. It also helps maintain proper blood volume, blood pressure, and pH of body fluids. Chloride contributes to body functions like the maintenance of osmotic pressure, acid-base balance, muscular activity and the movement of water between fluid compartments. It is associated with sodium in the blood and was the first electrolyte to be routinely measured in the blood. Chloride ions are secreted in the gastric juice as HCL, which is essential for the digestion of food.

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Specimen / Sample Collection Site Details
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Consultant Pathologist
MD Path Mumbai
MMC Reg no 80931

Client Name : **SUYOG HITESH CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
Contact no : **7276065011**
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Lab ID no : **HPS2139-231026**
Registered On : 23-Oct-2026 08:46 am
Collected On : 23-Oct-2026 08:51 am
Reported On : 23-Oct-2026 09:49 am



Biochemistry - Blood Examination

Test	Observed Values	Units	Biological Reference Interval
SGOT (AST), Serum	327.40	U/Lit	Male: 00 - 35 Female: 00 - 31

METHOD: SGOT by Oxaloacetate, MDH Method

References:

- 1) Method Manual of MISPA NANO PLUS
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics, Edited by: Carl A. Burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

SGOT (Serum Glutamic-Oxaloacetic Transaminase) test, also known as the AST (Aspartate Aminotransferase) test, is a blood test that measures the amount of an enzyme called AST in the blood. Elevated AST levels can indicate damage to the liver, muscles, heart or other organs. Interpreting SGOT results involves comparing the test results to the normal range and also considering other factors like age, gender, and potential causes of elevated levels clinically.

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Collected On : 23-Oct-2026 08:51 am
Reported On : 23-Oct-2026 09:49 am



Biochemistry - SGPT

Test	Observed Values	Units	Biological Reference Interval
SGPT, Serum	228.54	U/Lit	Male: 00 - 45 Female: 00 - 35

METHOD: SGPT by Pyruvate, Lactate dehydrogenase Method

References:

- 1) Method Manual of MISPA NANO PLUS
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics, Edited by: Carl A. Burtis, Edward R. Ashwood, David e. Bruns

General Interpretation

SGPT (ALT) test measures the level of an enzyme in your blood. Elevated SGPT levels can indicate liver damage or inflammation, but are also found in other conditions. Mildly elevated SGPT (ALT) levels may be due to fatty liver, alcohol consumption, or certain medications. Significantly elevated SGPT (ALT) levels may indicate hepatitis, cirrhosis, or other liver diseases.

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MMC Reg no 80931

Client Name : **SUYOG HITESH CHAUHAN**
Sex / Age : Male / 7 Years
Referred by : ACME HOSPITAL
Contact no : **9082565800**
Collected at : .OUTSIDE COLLECTION

Lab ID no : **HPS2248-241026**
Registered On : 24-Oct-2026 02:43 pm
Collected On : 24-Oct-2026 02:48 pm
Reported On : 24-Oct-2026 04:16 pm



Electrolyte Test -- ISE Module

Test	Observed Values	Units	Biological Reference Interval
Sodium, Serum	157	mmol/Lit	135 - 146
Potassium, Serum	3.50	mmol/Lit	3.6 - 5.3
Chloride, Serum	121	mmol/Lit	97 - 107

Method: Ion Selective Electrode Analysis

Sample Type: Serum / Plasma

General Interpretation

Sodium levels are directly related to the osmotic pressure of the plasma & loss of sodium leads to dehydration and retention of sodium leads to edema. Conditions that promote hyponatremia include diabetes insipidus, Cushing's disease and hyperaldosteronism. Low serum sodium (hyponatremia) may result from Addison's disease, excessive diuretic therapy, the syndrome of inappropriate secretion of antidiuretic hormone (SIADH), burns, diarrhea, vomiting and cystic fibrosis. Potassium is a STAT test because values below 3.0 mmol/l are associated with arrhythmia (irregular heartbeat), tachycardia (rapid heartbeat), and cardiac arrest and serum values above 6.0 mmol/L are associated with bradycardia (slow heartbeat) and heart failure. Hypokalemia is caused by overhydration, loop diuretics, SIADH, Bartter's Syndrome, Insulin infusion in diabetes, Alkalosis, vomiting. Hyperkalemia is caused by dehydration, Diabetes insipidus, hemolysis, hypoadrenalism, acidosis and rhabdomyolysis. Chloride is one of the important minerals in the blood with sodium, potassium & calcium. Chloride helps keep the amount of fluid inside and outside of cells in balance. It also helps maintain proper blood volume, blood pressure, and pH of body fluids. Chloride contributes to body functions like the maintenance of osmotic pressure, acid-base balance, muscular activity and the movement of water between fluid compartments. It is associated with sodium in the blood and was the first electrolyte to be routinely measured in the blood. Chloride ions are secreted in the gastric juice as HCL, which is essential for the digestion of food.

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MD Path Mumbai
MMC Reg no 80931

