

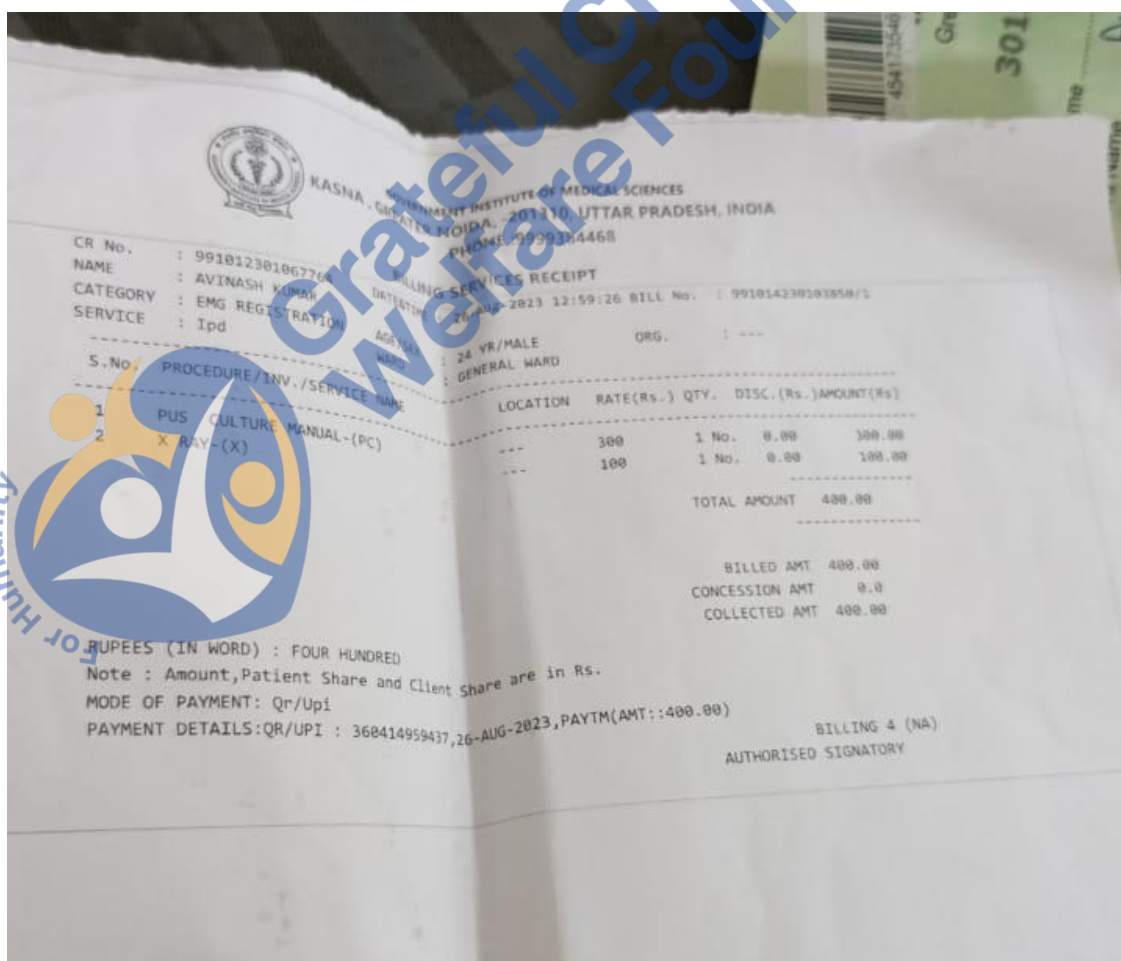
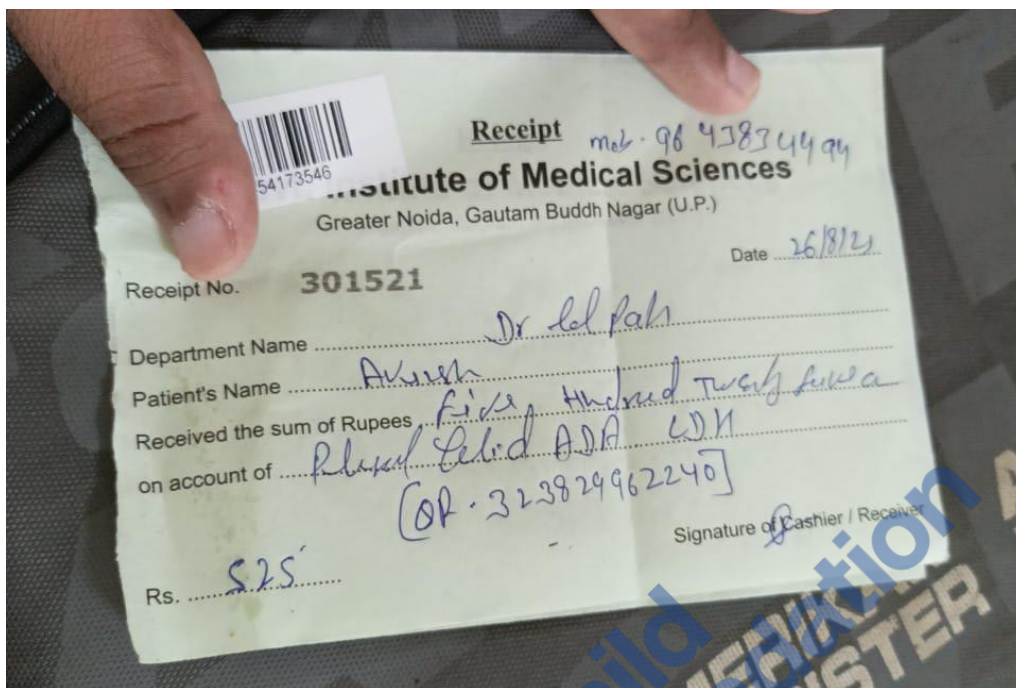
Avinash, a brave 23-year-old young man, is currently battling a challenging combination of [Tuberculosis](#) and [Severe Liver Infection](#). Unfortunately, Avinash's father left the world when he was 6 years old and his mother is mentally unstable. He doesn't have anyone responsible to take care of him in this hard time of his life. As you can imagine, he is having a hard and painful battle filled with medical appointments, tests, and emotional struggles. The medical expenses have become insurmountable. He is undergoing heavy medical dose, injections, and continuous tests.

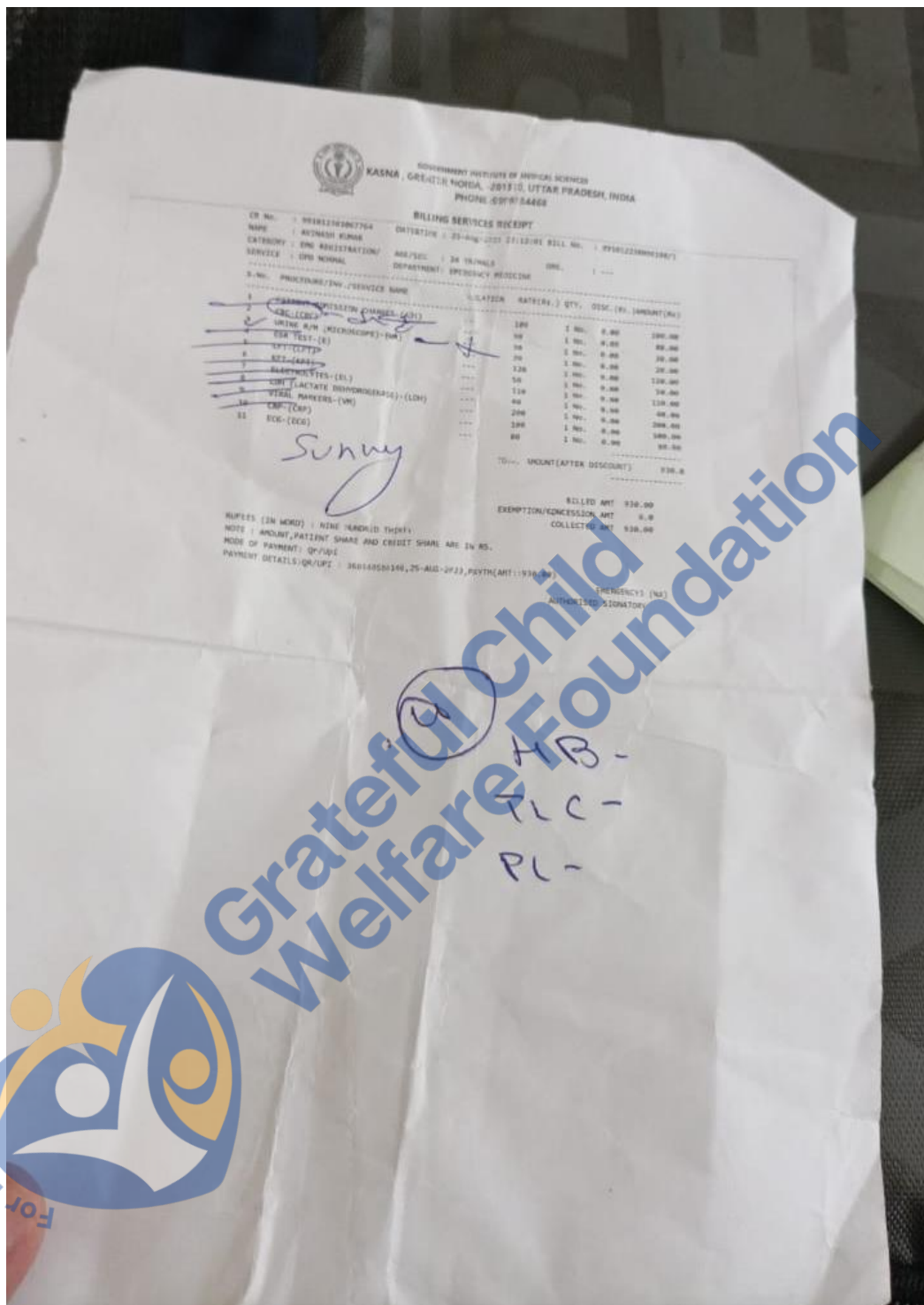


Avinash Kumar Suffering with Tuberculosis



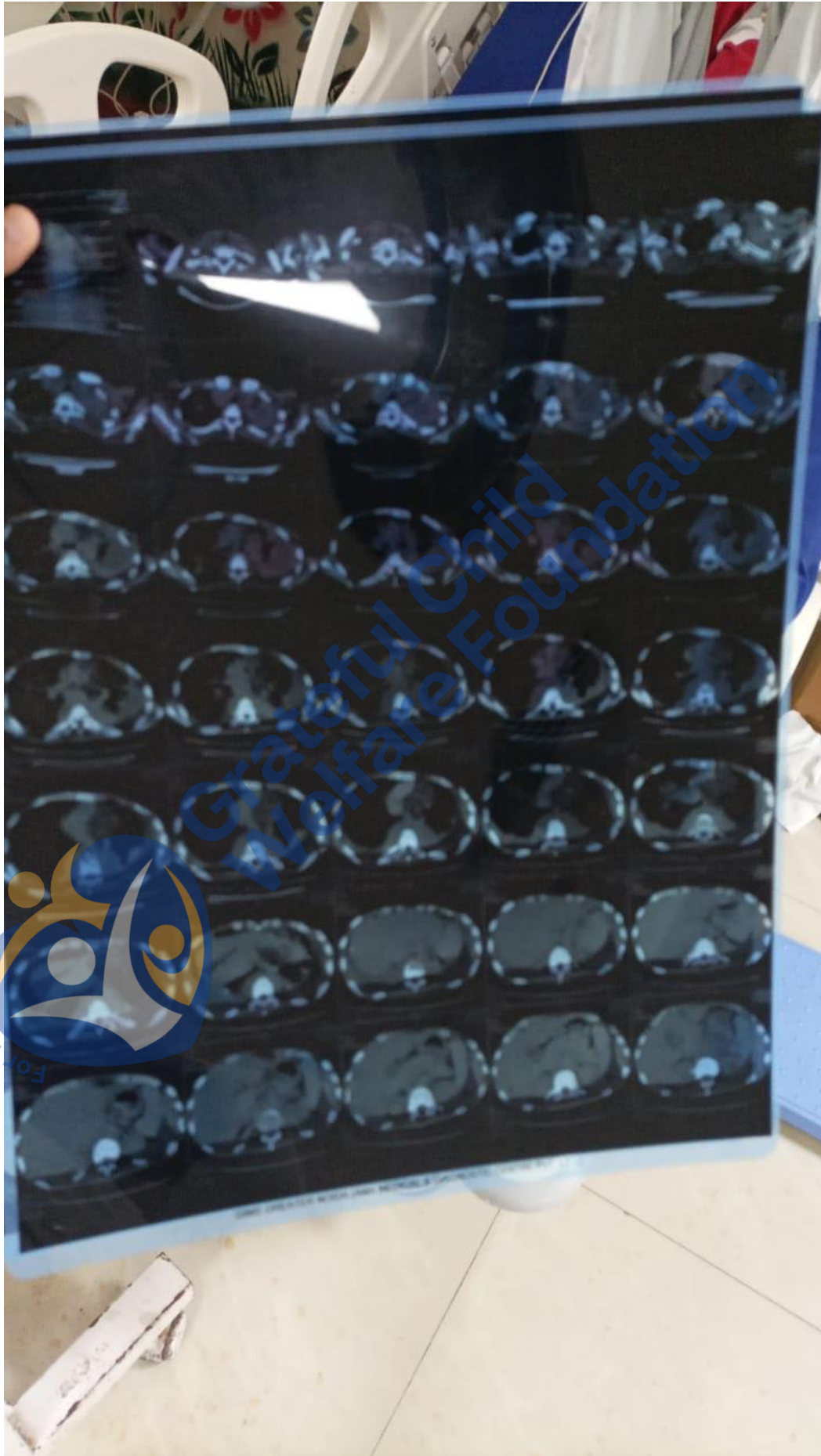
Avinash's medical documents are mentioned in this file, please go through them and come forward to donate for the medication of this life.

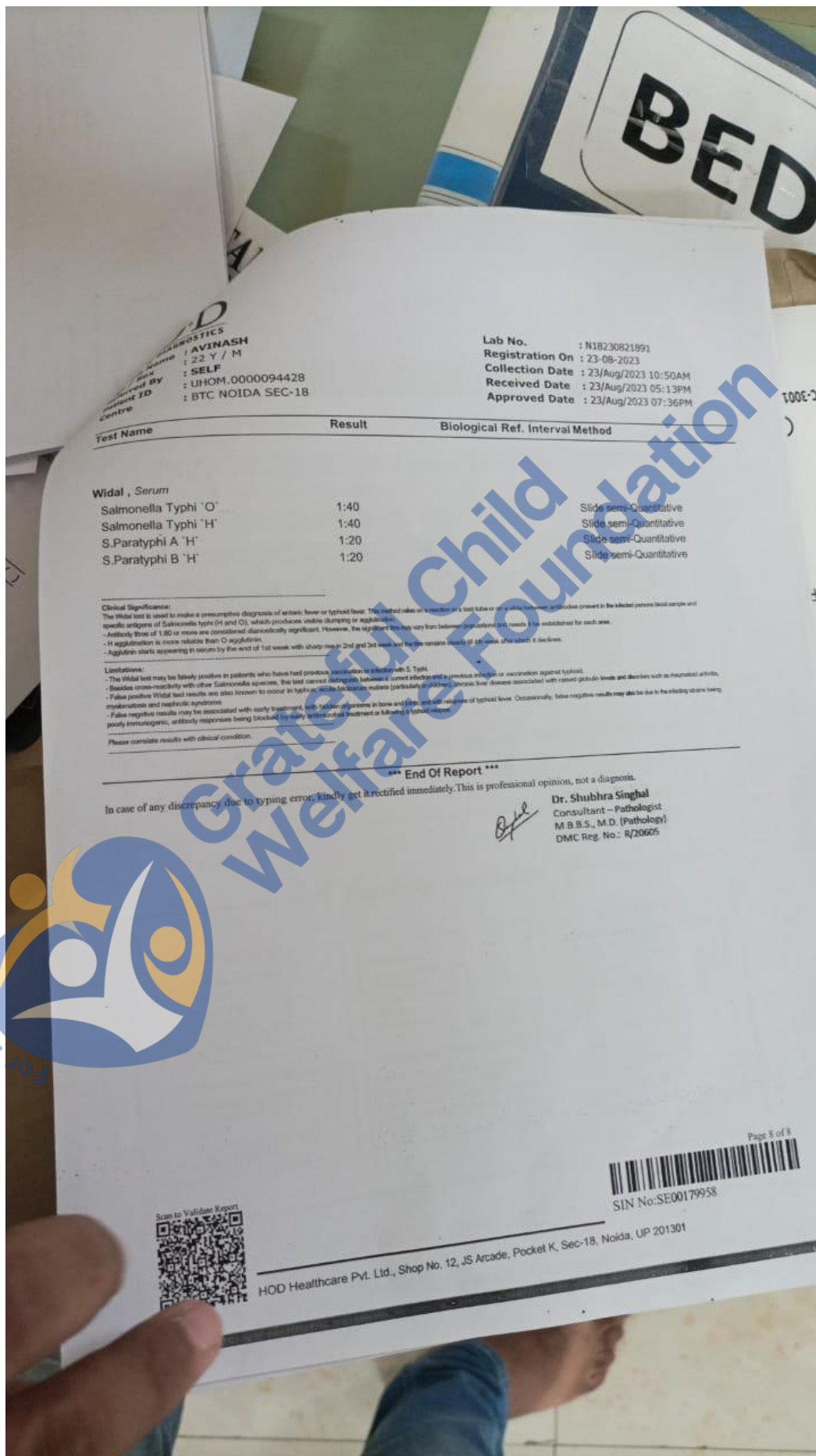












**HOD HEALTHCARE**  
**LABORATORISTICS**  
 Patient Name : AVINASH  
 Age : 22 Y / M  
 Sex : SELF  
 Referral By : UHOM, 0000094428  
 Patient ID : BTC NOIDA SEC-18  
 Centre :

Lab No. : N18230821891  
 Registration On : 23-08-2023  
 Collection Date : 23/Aug/2023 10:50AM  
 Received Date : 23/Aug/2023 05:13PM  
 Approved Date : 23/Aug/2023 07:36PM

Test Name	Result	Biological Ref. Interval Method
Widal , Serum		
Salmonella Typhi 'O'	1:40	Slide semi-Quantitative
Salmonella Typhi 'H'	1:40	Slide semi-Quantitative
S.Paratyphi A 'H'	1:20	Slide semi-Quantitative
S.Paratyphi B 'H'	1:20	Slide semi-Quantitative

**Clinical Significance:**  
 The Widal test is used to make a presumptive diagnosis of enteric fever or typhoid fever. This method relies on a reaction in a test tube or on a slide between antibodies present in the infected person's blood sample and specific antigens of *Salmonella typhi* (H and O), which produces visible clumping or agglutination.  
 - Antibody titres of 1:80 or more are considered diagnostically significant. However, the significance may vary from laboratory to laboratory and needs to be established for each area.  
 - H agglutination is more reliable than O agglutination.  
 - Agglutination starts appearing in serum by the end of 1st week with sharp rise in 2nd and 3rd week and the titre remains steady till 4th week when it declines.  
**Limitations:**  
 - The Widal test may be falsely positive in patients who have had previous vaccination in a facility with S. Typhi.  
 - Besides cross-reactivity with other *Salmonella* species, the test cannot distinguish between a current infection and a previous infection or vaccination against typhoid.  
 - False positive Widal test results are also known to occur in typhus, brucella, leptospirosis, malaria (particularly in children), tyrosinemia, liver disease associated with raised globulin levels and disorders such as rheumatoid arthritis, myelomatosis and myeloid leukaemia.  
 - False negative results may be associated with early treatment, with higher organisms in bone and joints, and low release of typhoid fever. Occasionally, false negative results may also be due to the existing strains being poorly immunogenic, antibody responses being blocked by early antimicrobial treatment or following a typhoid relapse.  
 Please correlate results with clinical condition.

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

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.

*Dr. Shubhra Singhal*  
 Dr. Shubhra Singhal  
 Consultant - Pathologist  
 M.B.B.S., M.D. (Pathology)  
 DMC Reg. No.: R/20605



Page 8 of 8  
 SIN No: SE00179958

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**H.O.D**  
HOUSE OF DIAGNOSTICS

**Patient Name** : AVINASH  
**Age / Sex** : 22 Y / M  
**Referred By** : SELF  
**Patient ID** : UHOM.000094428  
**Centre** : BTC NOIDA SEC-18

**Lab No.** : F118230821891  
**Registration On** : 23-08-2023  
**Collection Date** : 23/Aug/2023 11:53AM  
**Received Date** : 23/Aug/2023 05:14PM  
**Approved Date** : 23/Aug/2023 07:05PM

Test Name	Result	Biological Ref. Interval Method
ESR , EDTA Whole Blood	29 mm/hr	<20 Modified Westergren

Laboratory is NABL Accredited for ESR (Erythrocyte Sedimentation Rate)

**Clinical Notes for ESR:**  
Increased ESR is seen in:  
- Acute rheumatic fever  
- Acute rheumatic infection  
- Rheumatoid  
- All type of abscess  
Decreased ESR is seen in:  
- Hemorrhagic  
- Polycythemia  
- Congestive heart failure  
- Sickle cell anemia

**Remarks:** Please correlate results with clinical condition.

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

*Dr. Shubhra Singhal*  
Dr. Shubhra Singhal  
Consultant – Pathologist  
M.B.B.S., M.D. (Pathology)  
DMC Reg. No.: R/20605

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SIN No: ED00704650

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**H·O·D**  
HOUSE OF DIAGNOSTICS

Patient Name : AVINASH  
Age / Sex : 22 Y / M  
Referred By : SELF  
Patient ID : UHOM.0000094428  
Centre : BTC NOIDA SEC-18

Lab No. : N18230821891  
Registration On : 23-08-2023  
Collection Date : 23/Aug/2023 11:53AM  
Received Date : 23/Aug/2023 05:14PM  
Approved Date : 23/Aug/2023 07:05PM

Test Name	Result	Biological Ref. Interval	Method
<b>CBC , EDTA Whole Blood</b>			
Hemoglobin	10.3 gm/dL	13.0 - 17.0	Photometric Measurement
Total RBC	3.41 million/ $\mu$ L	4.5 - 5.5	Coulter Principle
Platelet Count	155 X 10 <sup>3</sup> / $\mu$ L	150 - 410 x 10 <sup>3</sup> / $\mu$ L	Impedance
Total Leucocyte Count (WBC)	5.21 X 10 <sup>3</sup> / $\mu$ L	4.0 - 10.0	Coulter Principle
<b>Differential Leucocyte Count (DLC)</b>			
Neutrophils	83 %	40 - 80	Flow Cytometry
Lymphocytes	10 %	20 - 40	Flow Cytometry
Monocytes	06 %	2 - 10	Flow Cytometry
Eosinophils	01 %	1 - 6	Flow Cytometry
Basophils	00 %	0 - 1	Flow Cytometry
Absolute Neutrophil Count	4.32 X 10 <sup>3</sup> / $\mu$ L	2.0 - 7.5	Flow Cytometry
Absolute Lymphocyte Count	0.52 X 10 <sup>3</sup> / $\mu$ L	1.0 - 4.0	Flow Cytometry
Absolute Monocyte Count	0.31 X 10 <sup>3</sup> / $\mu$ L	0.2 - 1.0	Flow Cytometry
Absolute Eosinophil Count	0.05 X 10 <sup>3</sup> / $\mu$ L	0.02 - 0.5	Flow Cytometry
Absolute Basophil Count	0.01 X 10 <sup>3</sup> / $\mu$ L	0.00 - 0.30	Flow Cytometry
<b>Indices</b>			
Hematocrit	33.0 %	40 - 50	Calculated
Mean Corpuscular Volume (MCV)	96.6 fL	83 - 101	Calculated
Mean Corp. Hemoglobin (MCH)	30.0 pg	27 - 32	Calculated
MCH Concentration (MCHC)	31.1 g/dl	31.5 - 34.5	Calculated
Red Cell Dist. Width (RDW-CV)	18.4 %	11.5 - 14.5	Calculated
Red Cell Dist. Width (RDW-SD)	66.1 fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	15.9 fL	7.5 - 12.0	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	8.30 Ratio		Calculated
Mentzer Index	28.33 Index		Calculated

Remarks: Please correlate with clinical conditions.

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Date 25/8/23  
834494

**H.O.D**  
HOUSE OF DIAGNOSTICS

Patient Name : AVINASH  
Age / Sex : 22 Y / M  
Referred By : SELF  
Patient ID : UHOM.0000094428  
Centre : BTC NOIDA SEC-18

Lab No. : N18230821891  
Registration On : 23-08-2023  
Collection Date : 23/Aug/2023 10:50AM  
Received Date : 23/Aug/2023 05:13PM  
Approved Date : 23/Aug/2023 11:35PM

Test Name	Result	Biological Ref. Interval	Method
Thyroid Stimulating Hormone (TSH), Serum	3.00 mIU/L	0.46-4.68	CLIA

**Note:**  
1. TSH Levels are subject to circadian variation, reaching peak levels between 2-4 AM and the minimum between 6-10 PM. The variation is of the order of 50-200%. Hence time of the day has influence on the measured serum TSH concentrations (Reference: Tetz Textbook of Clinical Chemistry and Molecular Diagnostics - 8th Edition Page 123). Fluctuating TSH value must be Clinically correlated.  
2. Circulating TSH levels are known to show a circadian rhythm & diurnal variation. The diagnosis based on one TSH value which fluctuates is not reliable. Clinical correlation is mandatory.  
3. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

**Clinical Use:**  
\* Diagnose Hypothyroidism and Hyperthyroidism  
\* Monitor T4 replacement of T4 suppressive therapy  
\* Clarify TSH level in the subnormal range

**Technology:** VITROS MicroVet, MicroSensor & Intelluscheck  
**Analysed:** Fully Automated Integrated Randomly and ImmunoAssay Analyser Vista 5600

**Remarks:** Please correlate clinically.

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

Dr. Pankaj Tayal  
Consultant Pathologist  
M.B.B.S., D.N.B. (Pathology)  
DMC Reg. 83771

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SIN No: CL01409104

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BR 34494  
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**H.O.D**  
HOUSE OF DIAGNOSTICS

Patient Name : AVINASH  
Age / Sex : 22 Y / M  
Referred By : SELF  
Patient ID : UHOM.0000094428  
Centre : BTC NOIDA SEC-18

Lab No. : N18230821891  
Registration On : 23-08-2023  
Collection Date : 23/Aug/2023 10:50AM  
Received Date : 23/Aug/2023 05:13PM  
Approved Date : 23/Aug/2023 11:35PM

Test Name	Result	Biological Ref. Interval	Method
<b>Lipid Profile , Serum</b>			
Total Cholesterol	50 mg/dL	116 - 228	Enzymatic (CHECHO/POD)
Triglyceride	71 mg/dL	35-186	Enzymatic Endpoint
HDL Cholesterol	13 mg/dL	31 - 70	Direct Measure, PTA / MgCl2
VLDL Cholesterol	14.2 mg/dL	5 - 40	Calculated
LDL Cholesterol	22.8 mg/dL	46-143	Friedewald Formula (Calculated)
Non-HDL Cholesterol	37 mg/dL	< 130	Calculated
LDL / HDL Ratio	1.75 Ratio	1.5 - 3.5	Calculated
TC / HDL Ratio	3.85 Ratio	3.0 - 5.0	Calculated

Clinical Decision Limits*	Optimal	Above Optimal	Borderline High	High	Very High
Triglycerides	<150	-	150-199	200-499	>=500
Total Cholesterol	<200	200-239	130-159	>=239	-
LDL Cholesterol	<100	100-129	40-45	160-189	>=189
HDL Cholesterol	>45	-	100 - 159	<40	-
Non HDL Cholesterol**	<130	130 - 159	160 - 189	190 - 219	>=220

\* Clinical Decision Limits are suggested from Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics 8th Edition  
\*\* Suggested from National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia Part 1—Full Report (Volume 9, Issue 2, P129-169, March 01, 2015, Terry A. Jacobson, MD et al)

The laboratory is NABL Accredited for tests in Lipid Profile  
Analyser: Fully Automated Integrated Biochemistry and ImmunoAssay Analyser: VITROS 5600  
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellichek Technology)


Reports of Lipid Profile are not obtained with 10 hours fasting

Clinical Significance:  
- Triglyceride: Very high levels of Triglyceride can be indicative of a significantly higher risk of coronary vascular disease. Elevation of triglyceride can be seen with fasting less than 12 hours, obesity, medication, alcohol intake, diabetes mellitus or pancreatitis.  
- Total Cholesterol: Its levels and triglyceride are the important plasma lipids identifying cardiovascular risk factor and in the management of cardiovascular disease. Values above 200 mg/dl are associated with increased risk of CHD, regardless of HDL & LDL values.  
- LDL: Check out: Low levels of HDL are associated with an increased risk of coronary vascular disease even in the face of desirable levels of Cholesterol and LDL-Cholesterol.  
- LDL: Check out: Levels can be clinically altered by thyroid, renal and liver diseases as well as hereditary factors. In case Triglyceride levels are more than 400 mg/dl, the patient is advised for a direct LDL Cholesterol test.

Remember: Please compare results clinically

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Date: 25/8/23  
8834494

**H.O.D**  
HOUSE OF DIAGNOSTICS

Patient Name : AVINASH  
 Age / Sex : 22 Y / M  
 Referred By : SELF  
 Patient ID : UHOM.0000094428  
 Centre : BTC NOIDA SEC-18

Lab No. : N18230821891  
 Registration On : 23-08-2023  
 Collection Date : 23/Aug/2023 10:50AM  
 Received Date : 23/Aug/2023 05:13PM  
 Approved Date : 23/Aug/2023 11:35PM

Test Name	Result	Biological Ref. Interval	Method
<b>Kidney Function Test , Serum</b>			
Blood Urea	30 mg/dL	19 - 43	Urease, Colorimetric
Blood Urea Nitrogen	14.02 mg/dL	9-20	Calculated
Creatinine	0.7 mg/dL	0.6-1.25	Enzymatic
Uric Acid	4.0 mg/dL	3.5 - 8.5	Uricase , Colorimetric
Calcium	7.4 mg/dL	8.4 - 10.2	Arsenazo II
Phosphorus	3.8 mg/dL	2.5 - 4.5	Phosphomolybdate reduction
BUN/Creatinine Ratio	20.03 Ratio		Calculated
Urea/Creatinine Ratio	43 Ratio		Calculated
<b>Electrolytes</b>			
Sodium	128 mmol/L	137-145	ISE Direct
Potassium	4.0 mmol/L	3.5 - 5.1	ISE Direct
Chloride	97 mmol/L	98 - 107	ISE Direct

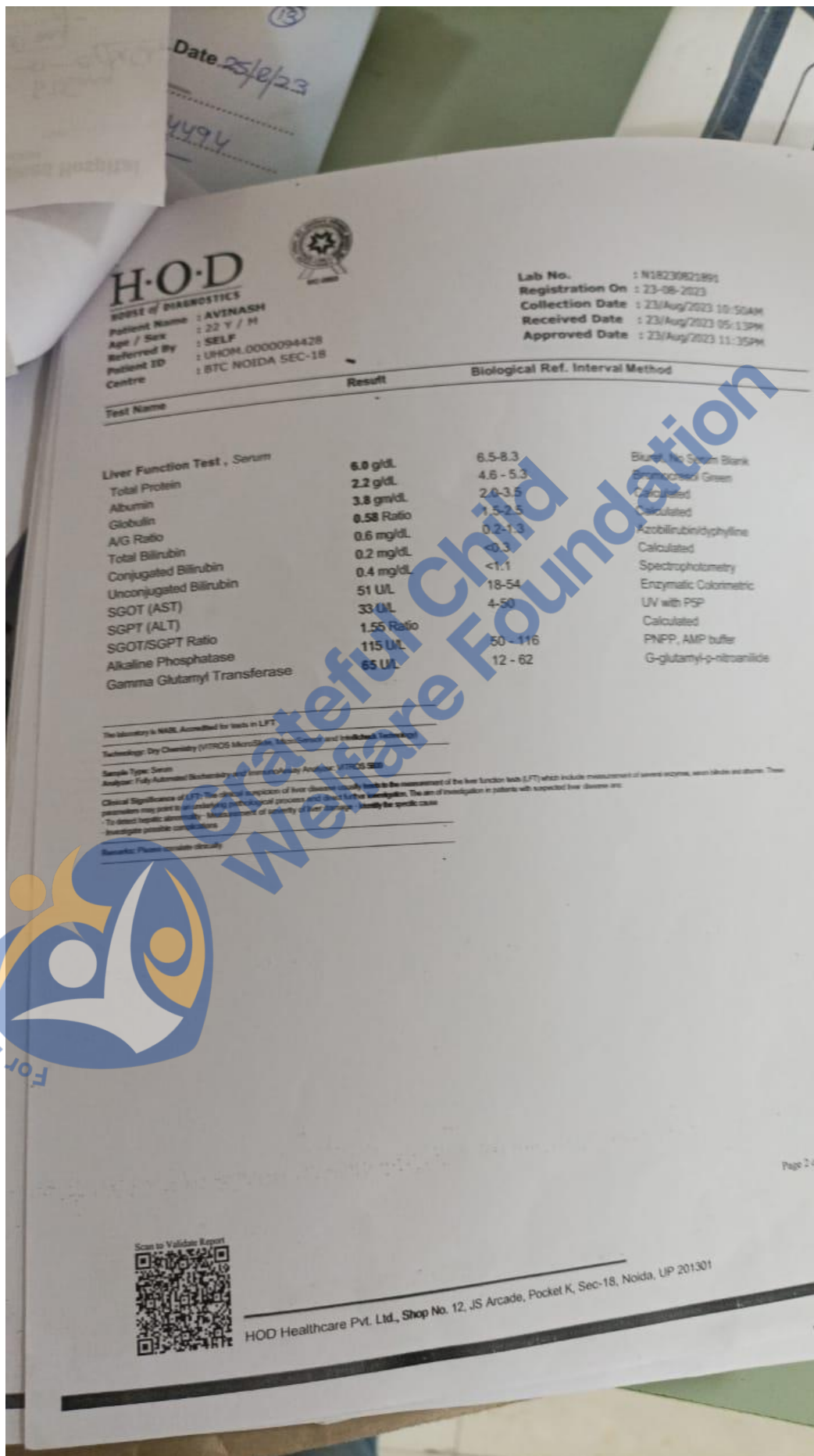
The laboratory is NABL Accredited for tests in IFT  
 Technology: Dry Chemistry (VITROS Mont Carlo, Mont Carlo and Multitrack Technology)  
 Sample Type: Serum  
 Analyzer: Fully Automated Biochemistry and Immunoassay Analyzer VITROS 5600  
 Remarks: Please correlate results clinically

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Sex 22/M Date 25/8/23  
 by Dr. 2643834494  
01A

**H·O·D**  
 HOUSE OF DIAGNOSTICS

Patient Name : AVINASH  
 Age / Sex : 22 Y / M  
 Referred By : SELF  
 Patient ID : UHOM.0000094428  
 Centre : BTC NOIDA SEC-18

Lab No. : N18230821891  
 Registration On : 23-08-2023  
 Collection Date : 23/Aug/2023 11:53AM  
 Received Date : 23/Aug/2023 06:05PM  
 Approved Date : 23/Aug/2023 07:19PM

Test Name	Result	Biological Ref. Interval	Method
Glucose Fasting, Sodium Fluoride Blood Sugar Fasting	75 mg/dL	70 - 100	GOD/POD, colorimetric

**Sample Type:** Sodium Fluoride. A blood sample will be taken after 8 - 12 hours of fasting.  
**Method:** Glucose oxidase hydrogen peroxidase  
**Technology:** Dry Chemistry (VITROS MicroOline, MicroSensor & Intellichek Technology)  
**Analyzer:** Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS 5600

American Diabetes Association (ADA) 2019 Criteria defining prediabetes  
 Fasting Plasma Glucose 100 mg/dL to 125 mg/dL. (Impaired Fasting Glucose)  
 OR  
 2-hour Plasma Glucose during 75-g OGTT 140 mg/dL to 199 mg/dL. (Impaired Glucose Tolerance)  
 OR  
 HbA1C 5.7-6.4%  
 ADA 2019 Criteria for the diagnosis of diabetes  
 Fasting Plasma Glucose  $\geq 126$  mg/dL. Fasting is defined as no caloric intake for at least 8 h.  
 OR  
 2-hour Plasma Glucose  $\geq 200$  mg/dL during OGTT. The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.  
 OR  
 HbA1C  $\geq 6.5\%$ . The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.  
 In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL.  
 \*In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

**Remarks:** Please correlate clinically.  
**Note:** Blood glucose level is maintained by a very complex integrated mechanism involving a critical interplay of the release of hormones and action of enzymes on key metabolic pathways. If postprandial glucose is lower than fasting glucose, it is termed as postprandial reactive hypoglycemia (PPRH). The possible causes of PPRH are high insulin sensitivity, exaggerated response of insulin and glucagon-like peptide 1, defects in counter-regulation, very lean individuals, anxious individuals, after massive weight reduction, women with lower body overweight, physical activity prior test, hypoglycemic medication, deliberately eating less or eat a non-carbohydrate meal before testing.

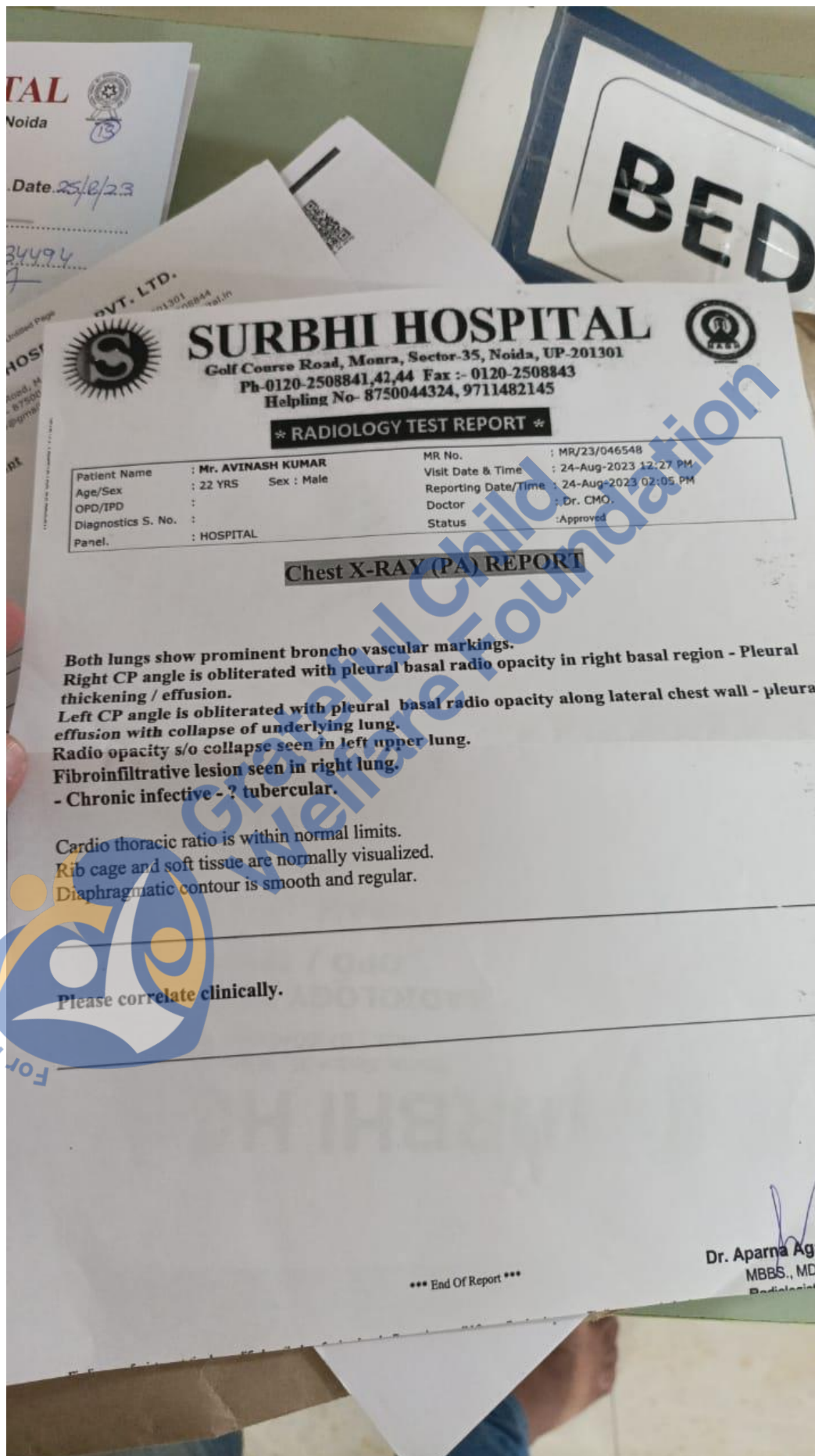
\*\*\* End Of Report \*\*\*

*Dr. Shubhra Singhal*  
 Dr. Shubhra Singhal  
 Consultant – Pathologist  
 M.B.B.S., M.D. (Pathology)  
 DMC Reg. No.: R/20605

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## SURBHI HOSPITAL

Golf Course Road, Morna Sector-35, Noida  
 Mob. : 8750044324, 9711482145  
 Web.: www.surbhihospital.in



Name: Mr. Avinash Kumar Age / Sex: 22 / M Date: 25/12/20

UHID No. : 23/46548 Ref. by Dr. \_\_\_\_\_

REC - No. : 24/94709 Mob. : 9643890491

### Department of Radiology

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- General Medicine
- General Surgery
- Anesthesiology
- Dermatology and Venereology
- Laparoscopic Surgery
- Obstetric & Gynaecology
- Respiratory Medicine
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- Otorhinolaryngology (ENT)
- Paediatrics
- Orthopedic Surgery Including Joint Replacement
- Urology
- Neurology
- Critical and Intensive Care
- ICU
- NICU
- HDU
- Nephrology Including Dialysis
- Dental Science
- Gastroenterology (Medical)
- Oncology (Medical, Surgical)
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- Dietetics
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#### Radiology, Imaging & Other Services

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- Bronchoscopy
- Opticals
- C.ARM



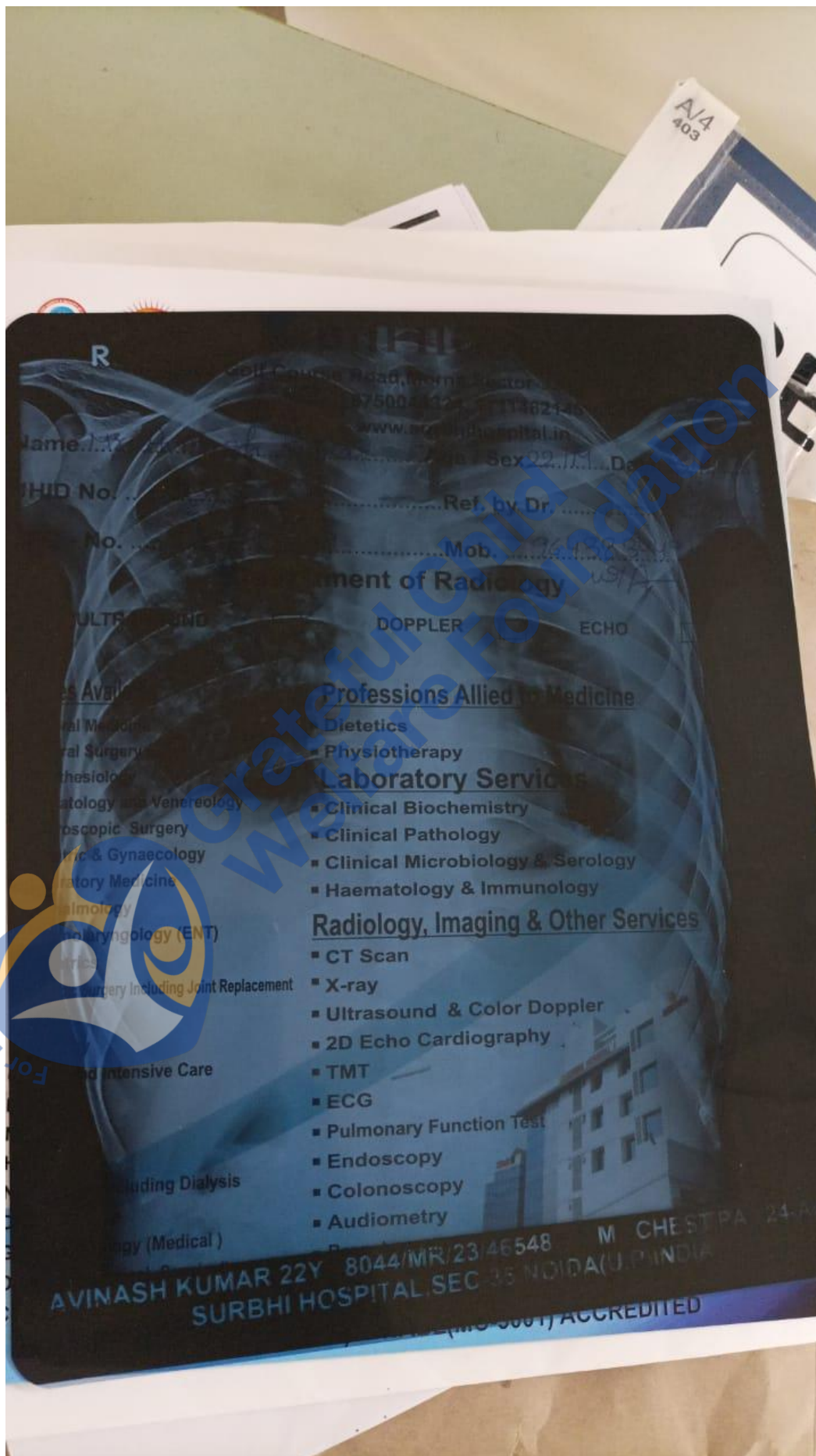
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ओ.पी.डी. औषधि स्लिप

ओ.पी.डी. पंजी० सं०

दि० 25/8/20

रोगी का नाम.....

AVINASH

क्र०सं०

औषधि का नाम

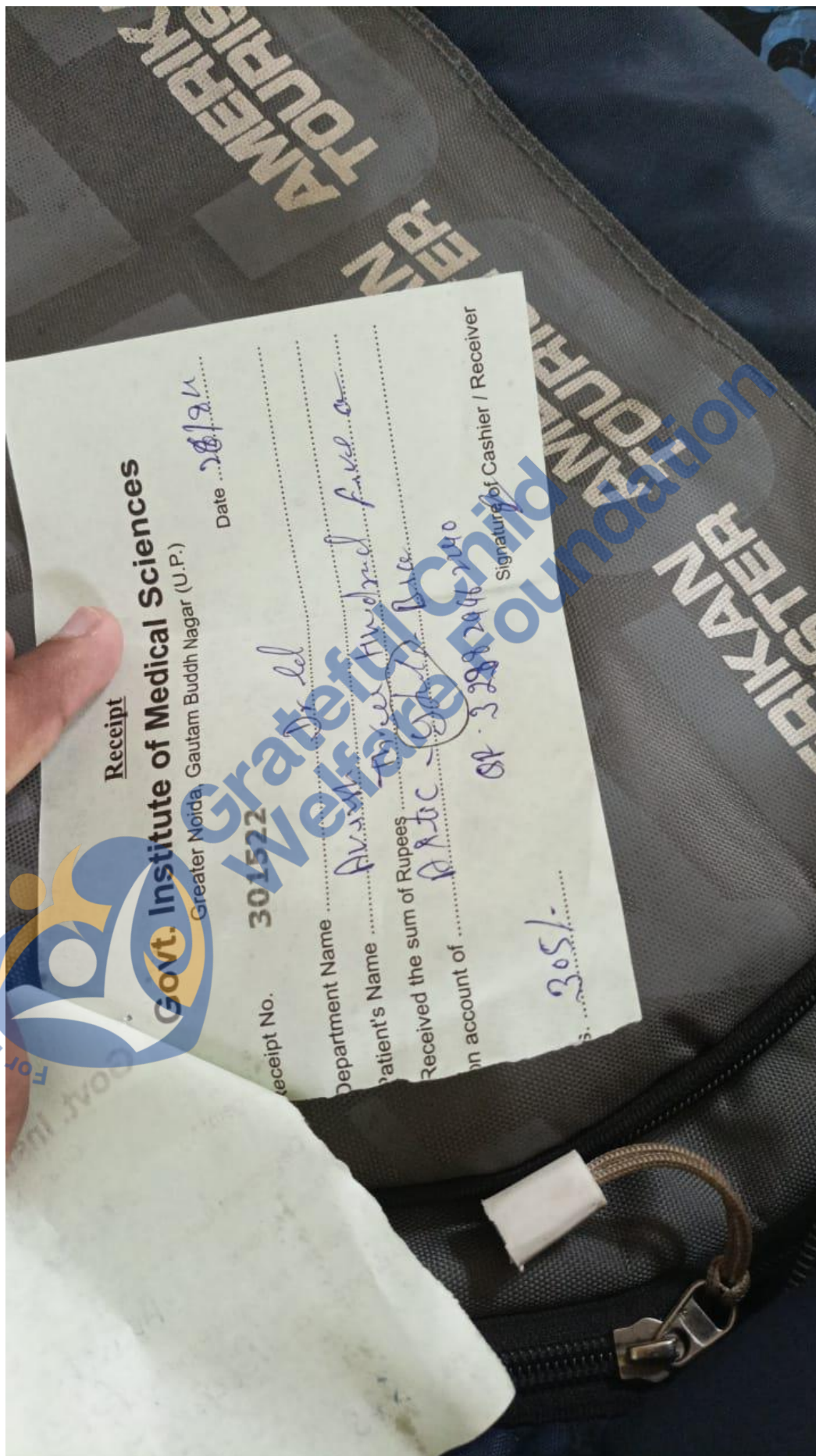
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For any information on this case, please connect with us.