





Department Of Pathology
All India Institute Of Medical Sciences
Delhi

Tel: +91-11-26588500/26588700; Fax: +91-11-26588500/26588700

Patient Name: **Dilkush**
F/H Name: **Vinod**
Age/Sex: **12 Y/Male**
Clinic/Dept/Unit: **N/A/Unit 1**
Reg Date: **26-08-2023**

Acc. No: **2341294**
Hosp. Reg. No.: **106917108**
UHID No.: **---**
Consultant Incharge: **Dr. N/A**
Reporting Date: **01-09-2023**

Histopathology Report

Report Findings:

Consultant incharge: **Dr Rajesh Kumar**
Clinical diagnosis: **Viral encephalitis**

Gross: Received two labelled specimens:

1. Dural tissue: Received single flattered soft tissue pieces measuring 0.4x0.4x0.1 cm.
2. Brain tissue: Received multiple soft tissue measuring together 0.4x0.3x0.3 cm.

Microscopy: 1. Sections examined from specimen sent as "dural tissue" show fibrocollagenous tissue with foci of dystrophic calcification.

2. Section examined from specimen sent as "brain tissue" shows fragment of brain parenchyma predominantly comprising of cerebral cortex. There is focal perivascular lymphomononuclear cell infiltrate, microglial proliferation, at places forming a nodules (neuronophagia). Reactive astrocyte is noted in while matter. Meninges show congested vessels with lymphomononuclear infiltrate.

No viral inclusion seen.

Immunohistochemistry for SV40, HSV(1,2) is negative.

Impression: Feaures are those of meningo-encephalitis (etiology could not be ascertain).

Reporting Incharge: **Dr. M. C. Sharma**

Reporting SR: **Dr. Saumya Sahu**

Verify By: **Dr. Saumya Sahu**

दिनांक/Date

https://ehospital.aiims.edu/ehospital/opdreport/AIIMS_NEURO

उम्र
Age

विभाग
Deptt.

NC 2023/016/0017386
UHID: 106917108

Neurology-II
Neurology

Charges Rs. 0.0/-

Date 07/08/2023 Mon, Thu

Scr

यू०एच०आ
UHID No.

Name DILKHUSH
S/O VINOD PASWAN
Phone No. 7477592341
Consultant Room
SR Room: 13

12Y 4M 8D /Male



Diagnosis

12yr old male
Asymptomatic ~~since~~ ~~born~~ till
Inventer back
fever -
followed by seizure (? status epilepticus)
since then - attend maximum
Admitted in Patna Med Coll and
then in Bafdarjung.
CSF (10/7/23) -> TLC - 12 (92L 8N)
Pro - 90
Cug - 64

C/D Dr. Megha

Informed to Dr. Sahaj (sr)

8/09/23
4:35 PM

Id No Dr. Kumar, SR Virology

Measles 12

Neu/27

106 917 108

Di Kush

Serum Sample
For measles confirmation

Measles IgM ELISA is Negative

OUTHRELIEF TRUST. ORG

डॉ. आशीष चौधरी / Dr. Aashish Choudhary
अपर प्राध्यापक / Additional Professor
मिश्रण विज्ञान अनुभाग / Virology Section
अ.भा.आ. वि. नई दिल्ली / Department of Microbiology
A.I.I.M.S., New Delhi-29



नकदी रसीद / CA
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA
अंसारी नगर, नई दिल्ली-110029 / ANSARI

रसीद संख्या / Receipt No.: Dept No: 20230160017386

जमाकर्ता / Received From:

ओ.पी.डी./यू.एच.आई.डी. सं. / OPD / UHID No.: ACCOUNTS-18/104484/202324

के नामे / ON ACCOUNT OF (Original) Hospital Receipts

MR. DILKHUSH DILKHUSH, Age : 12 Yrs 5 Mons 9

Days

106917108 (OPD)



SI No.	Service Name	Quantity
1	PMR - BE PROSTHESIS	1

Printed on 08 Sep 2023 11:13:12 AM

YOUTH RELIEF

भुगतान का प्रकार / Payment Mode: Cash

100.00(Including GST)

Rupees One Hundred Only

POCO

SHOT ON POCO F1

रुपये / INR (Rs.):
शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है

THIS IS COMPUTER GENERATED SLIP AND

YOUTHRELIEFTRUST.ORG

भुगतान का प्रकार / Payment Mode
रुपये / INR (Rs.) :
रुपये शब्दों में / Rs. in Words

Cash
GST: 9.00
90.00 (Including GST)
Rupees Ninety Only

MR. VIVEK KUMAR

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।
THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP



शरीरमाद्यं खलु धर्मसाधनम्

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Na

ACCOUNTS-18/83237/202324

Receipt No.: [Original]CNC Receipts

Received From: MR. DILKHUSH DILKHUSH ,Age :12 Yrs 4 Mons 8

OPD/ MRD No.: Days

ON ACCOUNT OF 106917108 (OPD)



SI No.	Service Name
1	ADVANCE - LONG ADMISSION FOR GE
2	ADMISSION CHARGE(CNC) - ADMISSION C

Printed on 07 Aug 2023 18:46:40 PM

YOUTH RELIEF TR

Payment Mode: Cash

INR (Rs.) :

Rs. in Words

375.00(Including 0.0% GST on room rent o
Rupees Three Hundred and Seventy Five O

Please share your feedback to improve our hospital



शरीरमाद्यं खलु धर्मसाधनम्

Dep No: 20230160017386

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

File No : 1225/ns/23-24
Depositor Name : VINOD PASWAN

Phones } 26593670
26546617
26593824

Receipt No.:

Received From:

OPD/ MRD No.:

ON ACCOUNT OF

ACCOUNTS-18/91761/202324

[Original] NEUROSURGERY PT

ACCOUNT

MR. DILKHUSH DILKHUSH, Age : 12 Yrs 4 Mons 21

Days

106917108 (OPD)



Dated:
20/08/2023

Patient Type :

Room No. :

General

SI No.	Service Name	Quantity	Rate	GST	Net Amount
1	NEURO SURGERY PACKAGE - BURHOLE, TRACHEOSTOMY, E.V.D, OMMAYA, I.C.P LIGATION	1	2000.00	0.00	2000.00

Printed on 20 Aug 2023 13:11:43 PM

YOUTHRELIEFTRUST.ORG

Payment Mode:

INR (Rs.) :

Rs. in Words

Cash

GST: 0.00

2000.00 (Including GST)

Rs. Two Thousand Only

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

MR. AMY SHARMA CNC

Rs IN Rs Plc



शरीरमाद्यं खलु धर्मसाधनम्

Dep No: 20230160017386

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

File No : 1225/ns/23-24
Depositor Name : VINOD PASWAN

Phones } 26593670
26546617
26593824

Receipt No.:

Received From:

OPD/ MRD No.:

ON ACCOUNT OF

ACCOUNTS-18/91761/202324

[Original] NEUROSURGERY PT

ACCOUNT

MR. DILKHUSH DILKHUSH, Age : 12 Yrs 4 Mons 21

Days

106917108 (OPD)



Dated:
20/08/2023

Patient Type :

Room No. :

General

SI No.	Service Name	Quantity	Rate	GST	Net Amount
1	NEURO SURGERY PACKAGE - BURHOLE, TRACHEOSTOMY, E.V.D, OMMAYA, I.C.P LIGATION	1	2000.00	0.00	2000.00

Printed on 20 Aug 2023 13:11:43 PM

YOUTHRELIEFTRUST.ORG

Payment Mode:

INR (Rs.) :

Rs. in Words

Cash

GST: 0.00

2000.00 (Including GST)

Rs. Two Thousand Only

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

MR. AMY SHARMA CNC

Rs IN Rs Plc

Brain Bx
Dinkएम. आर. ३ जनरल हिस्ट्री
M.R.-3 General History

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

CARDIO-THORACIC & Neuro SCIENCES CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - ११००२९

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम
Nameउम्र
Ageसर्विस
Serviceदिनांक
Dateयू.एच.आई.डी. सं.
UHID No.प्रोफेसर इंचार्ज
Professor I/C

Notes written by

CLINICAL NOTES

Brain Biopsy report
Sample sent on 2/1/13

UHID - 106917108

Convergence block
Neurophysiology

YOUTHRELIEFTRUST.ORG

विज्ञान
DEPARTMENT OF MICROBIOLOGY
(BACTERIOLOGY)
अ. भा. आ. सं., नई दिल्ली - 110029
A.I.I.M.S., NEW DELHI-110029

प्रयो. सं. / LAB NO.
यूएचआईडी सं. / UHID NO.
एकक / UNT
ओ.पी.डी. / O.P.D.
वार्ड / WARD
आयु / AGE
दि. / SEX
गु./म./मि.
Teaching Block 2nd floor
Room No: 2105
106917108
V-23
J E 9658
J E 9659

Nature of Specimen
Investigation required

Clinical Notes :

1. Presenting symptoms with duration
2. Previous reports on similar material with date & Lab. No.
3. Relevant reports of other investigations
4. Antibiotic therapy
5. Prov. diagnosis

हस्ताक्षर / SIGNATURE
Designation

INCOMPLETE FORMS WILL NOT BE ACCEPTED

File No: 11257/NIS/23-21
Depositor Name: VINDU

Phones } 26593670
26546617
26593824



CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

Receipt No.: ACCOUNTS-18/94472/202324
Received From: Original NEUROSURGERY PT

OPD/ MRD No. ACCOUNT

ON ACCOUNT OF

MR. DILKHUSH DILKHUSH Age: 12 Yrs 4 Mons 25

Days

106917108 (OPD)



24/08/2023
Dated :
Patient Type :
Room No. :
General

Sr. No.	Service Name	Quantity	Rate	GST	Net Amount
1	OTHER - SHUNT	1	5000.00	6.00	5000.00

Printed on 24 Aug 2023 08:50:42 AM

YOUTHRELIEFTRUST.ORG

Payment Mode:

INR (Rs.):

Pay in Words

Cash

GST:0.00

POCO

Share your feedback to improve our hospital on the Website link: meraaspatal.nhp.gov.in

PATIENT NAME: Dikush.

INCOME

Nature of specimen: Urine &
 Investigation requested: Nasal & Throat Swabs
 Clinical Notes: for measles antibody
 Presenting symptoms: ...
 Previous reports on similar material with date & Lab. No.
 Relevant reports of other investigations
 Antibiotic therapy
 Prev. diagnosis

INCOMPLETE FORMS WILL NOT BE ACCEPTED

YOUTHRELIEFTRUST.ORG

FOR LAB USE ONLY

Report: Brain biopsy sample
 Nasal/Throat swab in UTaq } Negative for Meas
 Urine sample
 Real time PCR

Signature

हृदय वक्ष एवं
CARDIO-THORACIC &

अखिल भारतीय आयुर्विज्ञान
All India Institute of Medical Sciences

परामर्श अभिलेख / Consultation Record

नाम
Name
सेवा
Service

DilKush

10691706

आयु
Age
वार्ड
Ward

NSC

Referred by Dr.

SR Neurology

Requesting Doctor

Finding :

Respected Sir/Mam

we have a patient
Meningo encephalitis

Diagnosis or Impression

YOUTHRELEEF

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

[illegible]

De Kuch

આયુ
Age
વાર્ડ
Ward

12

लिंग
Sex
बिस्तर
Bed



वैवाहिक स्थिति
Marital Status
व्यवसाय
Occupation

यू.एच.आई.डी. नं.
UHID No. 15

ધર્મ
Religion

स्थिति
Status

106917108

Referred by Dr.

Newly SR

to Dr.

Russ

Requesting Doctor

Consultant & Specially

Finding :

Date :

12/8/23.

Diagnosis or Impression :

Comment

Kindly ~~write~~ from Social
for whole exam

Recommendations :

ations : **YOUTH** *greasy*
guined.

mealyzu

Consultant's Signature _____

Rom no
60

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	Deekuh	आयु Age	12	लिंग Sex	m	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service		वार्ड Ward		बिस्तर Bed		व्यवसाय Occupation	धर्म Religion
			NS16A		(4)		स्थिति Status
Referred by Dr.	Wenley SR		to Dr.		Rum		
	Requesting Doctor		Consultant & Specialty				

Finding :

Date :

12/8/20

Diagnosis or Impression :

COMED

Recommendations :

su comea
Atr menin
a c/o 4c
Kindly state from
for whole
Signature
(In - Charge Genetic Unit)

Diksha

UID - 106914108

Report of Japanese Encephalitis
summer camp

① serum Measles

2108 → Microbiology
virology lab

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
Cardio Thoracic & Neuro Sciences Centre
अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :- Dilkhush 29/m

106917108
UHID. No.

Rx

O.P.D./Ward

T. Syndopa 125mg 1/2 ^{90x}
1 step

ALIEFTRUST.ORG

नाम
Name
सेवा
Service

De/Kush

आयु
Age 10
वार्ड
Ward
NSIC

Referred by Dr.

Neurology

Requesting Doctor

Consultant

Finding :

Si

Abn

meslin

Diagnosis or Impression :

A/C

Body tone

TMS -

patient.

Recommendations :

YOUTH RELIEF

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम
Name
सेवा
Service

Deekush

आयु
Age
वार्ड
Ward

12

लिंग
Sex
बिस्तर
Bed

m

वैवाहिक स्थिति
Marital Status
व्यवसाय
Occupation

यू.एच.आई.डी. नं.
UHID No.
धर्म
Religion
स्थिति
Status

1069171

08

Referred by Dr.

Neurology

Requesting Doctor

to Dr.

Consultant & Specialty

Date:

12/8/2022

Finding :

Diagnosis or Impression :

Su

Abv

married pt is a c/o.

leuko encephalopathy

issue found for

TMS - Gelsoms for this

patient.

marbany

Recommendations :

Dr. Sarema

Consultant's Signature

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-110029
ANSARI NAGAR, NEW DELHI-110029
नाभिकीय चिकित्सा विभाग
DEPARTMENT OF NUCLEAR MEDICINE
CLINICAL PET FACILITY
(CHALLAN FORM)

AIIMS UHID No.

1069/7108

Date 16/8/23

Asstt. Cashier Central Admission Office may please receive a sum of
Rs. 5000 / 7500/4000/- (Rupees) Five Thousand / Seven Thousand Five hundred / Four Thousand
Vide D.D. No. cent from Shri/Dr./Mrs./Ms. Dil kush
UHID No. Clinical Dept. / Unit nma Ward/Bed No. OPD/CR/
No. on account of charges for PET/Scan, Creditable to Sub-head "PET Charges".

Officer Incharge Dept. Biora

R. No. Dt. for
Rs. (Rupees)

Cashier

सं 1
No 1



बिहार सरकार
GOVERNMENT OF BIHAR
योजना और विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
सदर अस्पताल दरभंगा
SADAR HOSPITAL DARBHANGA
जन्म प्रमाण पत्र
BIRTH CERTIFICATE



(जन्म मृत्यु रजिस्ट्रिकरण अधिनियम, 1969 की धारा 12/17 तथा बिहार जन्म मृत्यु रजिस्ट्रिकरण विभाग, दरभंगा के विभाग के अधिनियम जारी किया गया।)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULES OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES (1999))
यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि सदर अस्पताल दरभंगा तहसील दरभंगा जिला दरभंगा राज्य/संघ प्रदेश बिहार भारत के रजिस्ट्रार में दर्जित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS IN THE REGISTER FOR SADAR HOSPITAL DARBHANGA OF TAHSIL/BLOCK DARBHANGA OF DISTRICT DARBHANGA OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: DILKHUSH KUMAR

जन्म तिथि / DATE OF BIRTH:
30-03-2011
THIRTY-MARCH-TWO THOUSAND ELEVEN

माता का नाम / NAME OF MOTHER:
RINKU DEVI

आधार नंबर / MOTHER'S AADHAAR NO:
XXXXXXXXX5924

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
VILLAGE:-PATANIA POST OFFICE:-PATANIA TAHSIL:-BIRAUL DISTRICT:-
DARBHANGA STATE:-BIHAR 847203

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2023-9-90347-007015

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
02-09-23 10:08:12

UPDATED ON:
02-09-23 10:08:12



लिंग / SEX: MALE

जन्म स्थान / PLACE OF BIRTH:
HOSPITAL

पिता का नाम / NAME OF FATHER:
BINOD PASWA

आधार नंबर / FATHER'S AADHAAR NO:
XXXXXXXXX6510

पिता का स्थायी पता / PERMANENT ADDRESS OF PARENTS:
VILLAGE:-PATANIA POST OFFICE:-PATANIA TAHSIL:-BIRAUL
DISTRICT:-DARBHANGA STATE:-BIHAR 847203

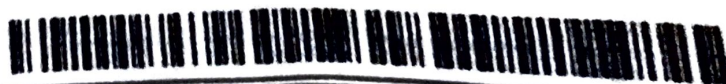
पंजीकरण तारीख / DATE OF REGISTRATION:
02-09-2023

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
सदर अस्पताल दरभंगा
SADAR HOSPITAL DARBHANGA

THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY.
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH



and Glucose 75 (130). No growth was seen on culture. Patient was started on empirical treatment with Ceftriaxone and Acyclovir for unknown duration and was referred to AIIMS for further management. No h/o cough/ breathlessness/ abd pain/ loose stools/ blurring of vision/ diplopia/ trauma/ fever.

Past History

Not significant. Mother gives history of complete vaccination till the age of 5 years.

MRI BRAIN done outside 22/6/23: T2 FLAIR hyperintensities and T1 hypointensities in left parieto occipital lobe with cortical and sub cortical involvement ? Focal Encephalitis and features suggestive of Possibility of Hypoxic ischemic insult.

EXAMINATION FINDINGS:

BP: 126/70 PR 103 RR 18 Spo2 96%

CNS Examination:

Cranial Nerves:

II: Pupils: Sluggish reactive to light and blurring of disc margins

III, IV and VI: eyes deviation to left

VII: no facial deviation

MOTOR:

Tone: Rigidity in all 4 limbs

Generalised wasting of both upper and lower limbs

Power U/L and L/L 3/5 B/L upper and lower limb

DTR: All brisk

Plantar: Extensor b/l

Sensory: CNBA

Cerebellar: CNBA

INVESTIGATIONS

Date	08/8/2023
Hb (13-17g/dL)	10
WBC (4000-10000/ μ L)	13.5k
Platelets count (1.5-4.10L/ μ L)	8.12

Urea (17-49mg/dL)	12
Creatinine (0.7-1.2mg/dL)	0.3
Calcium (8.4-10.2mg/dL)	8.3
Phosphorous (2.5-4.5mg/dL)	5.1
Sodium (135-145mmol/L)	129
Potassium (3.5-5.1mmol/L)	4.6
Total Bilirubin (0-1mg/dL)	0.23
Direct Bilirubin (0-0.2mg/dL)	0.2
Indirect Bilirubin (0-0.9mg/dL)	0.01
ALT (<41) AST (<42)	49/42
ALP (55-149U/L)	226

HIV/HBSAG HCV	NEGATIVE
TSH (0.27-4.2uIU/mL)	1.51
T3 (80-200ng/dL)	76
T4 (5.1-14ug/dL)	5.1
Vitamin D3 (10-44ng/ml)	31.4
Vitamin B12 (197-771pg/ml)	821
Serum folate (3.1-17.5ng/ml)	14.5

CSF	Values
TLC	9
Glucose	62 (90)
Protein	88
CrAg -ve	-ve
India Ink	-ve
Gram stain/culture	-ve
Gene Expert	-ve
Zn Stain	-ve

DISCUSSION

12 yr old boy without any previous co morbidities presented with complaint of fever and seizure episodes with altered sensorium. He was taken to multiple hospitals where he was treated in view of meningoencephalitis. Patient's MRI was repeated on admission which was suggestive of infective vs autoimmune pathology. For the infective workup Measles index was done which was equivocal. JE IgM

Sample No. 1-9029

Patient ID:

Name:

Sample Comment:

Ward:

Rack: 1

Position: 4

Doctor:

Birth:

Nickname:

Sex:

XN-2000-1-R

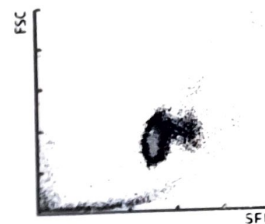
WNR

Positive Diff.

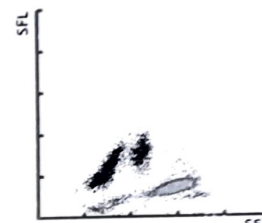
WBC 12.46 + [10³/uL]
RBC 4.12 [10⁶/uL]
HGB 12.4 [g/dL]
HCT 34.1 [%]
MCV 82.8 [fL]
MCH 30.1 [pg]
PLT 36.4 + [10³/uL]
RDW-SD 524 + [g/dL]
RDW-CV 46.0 [fL]
PDW 15.4 + [%]
MPV 11.2 [fL]
P-LCR 10.3 [fL]
PCT 26.6 [%]
NRBC 0.54 + [%]
NEUT 0.00 [10³/uL]
LYMPH 9.74 + [10³/uL]
MONO 1.53 [10³/uL]
EO 1.04 + [10³/uL]
BASO 0.10 [10³/uL]
IG 0.05 [10³/uL]
RET 0.07 [10³/uL]
IRF [%]
LFR [%]
MFR [%]
HFR [%]
RET-He [%]
MicroR 5.3 [pg]
MacroR 3.5 [%]

WBC (4.00 - 11.00)
RBC (4.00 - 5.50)
HGB (12.0 - 16.5)
HCT (37.0 - 50.0)
MCV (83.0 - 101.0)
MCH (27.0 - 32.0)
MCHC (31.5 - 34.5)
PLT (150 - 400)
RDW-SD (37.0 - 54.0)
RDW-CV (11.5 - 14.5)
PDW (5.0 - 17.0)
MPV (7.2 - 11.1)
P-LCR (13.0 - 43.0)
PCT (0.17 - 0.35)

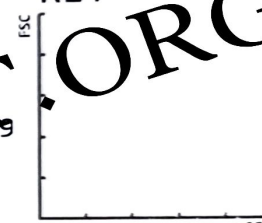
0.0 [%]
78.2 [%]
12.3 [%]
8.3 + [%]
0.8 - [%]
0.4 [%]
0.6 [%]
NEUT% (40.0 - 80.0)
LYMPH% (20.0 - 40.0)
MONO% (2.0 - 7.0)
EO% (1.0 - 6.0)
BASO% (0.0 - 1.0)
RET% (0.00 - 9.99)



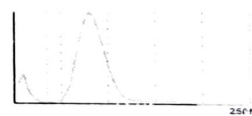
WDF



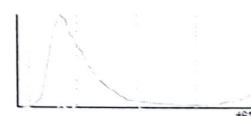
RET



RBC



PLT



WBC IP Message
Monocytosis

RBC IP Message

PLT IP Message

RBC → Storage changes seen, but so morphology cannot be commented, however RBC appear normochromic.

WBC → prominent Granules seen.

DLC → NB1, L10, M6

PLT → Thrombocytosis, 520-530,000/mm³

Adv :- Kudos correlate c S.CRP.

[Signature]

NS4/28-

C.N. CENTRE
CLINICAL PATHOLOGY
HAEMATOLOGY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

REG. NO. 106917108

OPD/WARD NS4/22

NAME Dil Kush

AGE 12 yr

NATURE OF ANTICOAGULANT
(for Ward Cases only)

PLAIN
☐

EDTA
☐

OXALATE
☐

CITRATE
☐

UNIT
SEX
Heparin
☐

DATE

Kindly do Blood grouping
TIME OF COLLECTION

DIAGNOSIS

SIGNATURE

NAME OF MEDICAL OFFICER

W
Name 37

FOR LAB. USE ONLY

LAB. REF. NO.

DATE OF RECEIVING THE SPECIMEN

HAEMATOLOGIST

INCOMPLETE FORMS WILL NOT BE ACCEPTED

YOUTH RELIEF TRUST.ORG

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

एम.आर. 9
M.R.-9

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
				स्थिति Status

Referred by Dr. SR/ Nephrology

to Dr. SR/ Nephrology

Requesting Doctor

Consultant & Specialty

Finding :

Respected Information

Date : 24/8/23

Case of Acute Renal Failure with Nephrotic Syndrome

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE

एम.आर. 9
M.R.-9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	डिल्लूश	आयु Age	14 yr	लिंग Sex	M	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service		वार्ड Ward		बिस्तर Bed	NS4/22	व्यवसाय Occupation	106912108
						धर्म Religion	
						स्थिति Status	

Referred by Dr. Deepthi Visha, Consultant
Neurologist
Requesting Doctor

to Dr. Consultant on Call, Neurology
Consultant & Specialty

Finding :

Date : 24/11/23

Respected Sir/Madam

Here is a patient Dillush, 14 yr / m

Diagnosis or Impression : a case of Viral encephalitis, & IAP = spr.
Patient has developed thrombocytopenia.

His CBC+PS (from New Private ward)
is attached in file.

Recommendations :

Kindly review the case

Thank you
Dr. Wang

Consultant's Signature

POCO

3-01 ON POCO F1

भारतीय आयुर्वेद संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

M.R. -9

नाम
Name
सेवा
Service

आयु
Age
वार्ड
Ward

लिंग
Sex
बिस्तर
Bed

वैवाहिक स्थिति
Marital Status
व्यवसाय
Occupation

यू.एच.आई.डी.सं.
UHID No.
धर्म
Religion
स्थिति
Status

Referred by Dr.

Findings :

Requesting Doctor

to Dr.

Consultant & Specially

Date :

NCU/27

22/8/23

USG Splummary machine

NCU : NCU 2 recurrent episode of seizure since 2021

August 2021 — BAC — Group A detected

Myoglobin urine N/D.

ECG / Films / Documents N/A.

Received A17 (Aug 21 — Aug 22)

Currently admitted in A17 (C140 hydrocortisone) — UP with no fever

Collection for PCR findings.

no fever / WBC / WBC.

Diagnosis or Impression :

USG to search nodule

Recommendations:

C1 (Aug 22)

C1 (Aug 26)

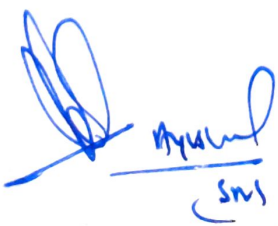
- treated TB > Active TB.

- plan FCB/BAC since patient clinically stable

consider E17/B17 AFB1 / Genotype / PCR if patient undergoes UP screening.

UL protein separate
urine / consolidation

minor changes


Sms

Consultant's Signature

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE

एक्सरे-फार्म
X-RAY REQUISITION FORM

खिल भारतीय आयुर्विज्ञान संस्थान
I.I.M.S. Hospital

नाम Name Dillesh

एक्स-रे नम्बर X-Ray No. _____

हस्पताल यू.एच.आई.डी. नं. Hosp. UHID No. 106912108

एक्सरे जांच के लिए अंग Examination Required _____

चिकित्सक की जांच रिपोर्ट : Clinical Information : _____

आयु Age 22 Yr.

लिंग Sex M

आय Income _____

चिकित्सक विभाग Referring Unit Neur 2

रोगी स्थिति Ambulatory/Non _____

तिथि Date 22/8/2023

वार्ड/ओ.पी.डी. Indoor/Outdoor _____

CXR - PA view

40 copy - 3/10/23

किसी दवा का बुरा प्रभाव
Any History of Allergy _____

अन्तिम माहवारी तिथि MP _____

कोई पुराने एक्स-रे
Any Previous X-Ray _____

पहचान चिन्ह
Identification _____

W

Dr. Wan

SIGNATURE

चिकित्सक के

YOUTHRELIEFTRUST.ORG

23/4/22

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र CARDIO-THORACIC & NEURO-SCIENCE CENTRE

एम.आर. 9
M.R.-9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service	वार्ड Ward	विस्तर Bed	व्यवसाय Occupation	धर्म Religion
				स्थिति Status

Referred by Dr. Deepthi, Neurology Consultant to Dr. On call, ENT consultant
Requesting Doctor Consultant & Specialty

Finding :

Date : 23/8/2022.

Respected Sirs / Madam

Here is a pt. Dilip Kumar (24y/m).

Diagnosis or Impression :

a case of viral encephalitis with VAP & sepsis.

Now showing vocal injury with pool of blood collection in throat.

Recommendations :

Kindly review the pt and opme

Thanking you

Dr. Wany

Consultant's Signature

c/s/o ant acc ccl

N. port
62

R/c/o viral encephalitis &
UTI & sepsis.

c/o oral bleed s/p intubation
last night
w/ bloody suction

o/e - Sedated

6mm cuffed ET tube inserted
all SPMV mode

PO2 - 25%

PEEP - 5mm Hg

FOL - → ET tube insertion

No tube in PPEF.

→ Vocal cord status could not be evaluated
can only be evaluated post extubation

→ No active bleed / pooling of blood
unequal

take - - No active intervention from ENT side

Conservative management -

- Adv nebulisation, TDS
(through oral cavity / nose)

- Tiy tranexa 1g/80s

- For evaluation post extubation

BLOOD BANK
Req No.: 14
UHID: 1
Requ
No

BLOOD BANK, CNC, AIIMS, ANSARI NAGAR, LICENSE NUMBER: 1204/87

Request for RBCs/WB

Requisition No: 14844/2023 ,dated: 18/08/2023 , 8:11:PM



Req No.:-14844/2023

UHID :106917108

Requisition Type :Emergency

Name of Patient (in Block letters) :DILKHUSH DILKHUSH

Blood Group :NA

Father's/Husband's Name : Vinod Paswan

Age/Sex :12 years 4 months 8 days Male

Doct. Incharge :

Requisition sent on :18/08/2023

Ward/Bed No :NS-4/ 27

Blood required on :18/08/2023

at :8:11:PM

Diagnosis :?SSPE

at :8:11:PM

History of Previous Transfusion :

Last Transection of this UHID

Requisition No::14825/2023 Requested On ::18/08/2023 For ::2 units

Blood Group :: NA

PT :NIL

APTT :NIL

Plt.Count(/ml) :NIL

HB(gm/dl) :7

Packed RBC

24.20 n.l

FOR BLOOD BANK USE ONLY

Informed consent for transfusion has been obtained

Seal & Signature

Request By Dr Samagra Agarwal

Received In Blood Bank By :

Date And Time :

Vineetha K

Vineetha K

COMPATIBILITY TESTS

CROSSMATCHED UNITS

Patient's Blood Group ::

Tested By ::

Date Time ::

C.No.	Blood Unit No.	Blood Group	Cross matched by	Quantity	Issued By	Date & Time Issued	Received By
-------	----------------	-------------	------------------	----------	-----------	--------------------	-------------

1.1.15

AB-6

C/S/B

SR & Endocrine

c/o Acute viral ~~hep~~ autoimmune enceph/

Now on Propofol ketamine
admitted with refractory seizures

Consult if/ly deranged LFT

Patient not on hypotens

N. hypoglycaemia

N. signs of adrenal insufficiency at
present

T₄ - 5.1, TSH - 1.51

No tachycardia

h/ thyroid dysfunt

N. bradycard

HR present > 100

→ S. 1
- 1.51
Heat - 8/10.2
- 49/54
34/3.6

YOUTH RELIEF TRUST.ORG

~~Ad~~ C/O/w Dr Yashdeep Sir

Looks like sick Euthyroid syndrome

To repeat FT₄ after 5-7d

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	वैष्णव Vishnu	आयु Age	124	लिंग Sex	Male	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. UHID No.
सेवा Service		वार्ड Ward	NSICUA	बिस्तर Bed	09	व्यवसाय Occupation	धर्म Religion
							स्थिति Status
Referred by Dr.	Consultant Neurology	to Dr.	Consultant Endo Gyn	Requesting Doctor	Dr. Yashdeep Gupta	Consultant & Specialty	

Finding :

Date :

11/08/2023

This is a case of Acute Mild vs Acute imm

Encephalitis with leg pain. with Secondary
hypertension - kindly examine the patient

Diagnosis or Impression :

check the needful

Recommendations :

POCO
SHOT ON POCO F1

11/8/23

USG upper Abdomen

4369

Liver - (N) size & echotexture

GB - Distended (N)

PV - (N) size

Panc - (N) size & echotexture

Spleen - 8.8cm (N)

Impression

ETRUST.ORG

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान

A. I. I. M. S. Hospital

नाम

Name Dellkush

एक्स-रे नम्बर

तिथि

Date 11/08/2023

हस्पताल यू.एच.आई.डी. नं.

वार्ड/ओ. पी. डी.

Hosp. UHID No. 106917108

Indoor/ Outdoor NSICVA 04

एक्सरे जांच के लिए अंग

Examination Required

चिकित्सक की जांच रिपोर्ट :

Clinical Information :

Klcp Acute med / Anterior Encephalitis

with Sequelae

with Suspected cholestatic liver disease.

→ to look for liver echotexture and any Hepatopulmonary lesions.

किसी दवा का बुरा प्रभाव

Any History of Allergy

अन्तिम माहवारी तिथि

LMP

कोई पुराने एक्स-रे

Any Previous X-Rays

in Neurology
चिकित्सक के हस्ताक्षर

SIGNATURE OF MEDICAL OFFICER

रेडियोग्राफर के लिए

FOR RADIOGRAPHERS USE

पहचान चिन्ह

Identification Mark

अंगूठा निशान

Thumb Impression

कमरा नं.
Room No.

फिल्म साइज
Size & No. of Films

के. वी.
KV

एम.ए.
MA

हस्ताक्षर / Signature

रिपोर्ट

REPORT

एक्स रे-चिकित्सक

RADIOLOGIST

come



GENETICS UNIT DEPARTMENT OF PEDIATRICS, AIIMS, NEW DELHI
Biochemical Genetics Lab Room No. 2/3 Old O.T. Block Ph : 011-26593558, 26594585
Requisition & Reporting Form for Blood Ammonia

Name : Dilkhush Age/Sex : 124/Male Date : 11/08/2023
Hospital Regn /UHID No. : 106917108 Ward/Bed/OPD. : NSICU A Unit : II
Patient's contact no. :
Clinical Diagnosis : Acute encephalitis
Referring Doctor : DR Kaethur
Name : K V Kaethur Contact No. : 6302105921 Signature : [Signature]

Conditions Required :

1. OPD or Ward Patients / Patient's Attendant should be sent to lab (room no. 2, Genetic Unit, ground floor) with filled - in form prior to taking the sample.
2. Sampling for OPD Patients is done in Room No. 109 first floor Genetic Unit 10 AM - 12:30 PM/ or in C 5 day care
3. Patient should be Fasting (Can take Water) :

- | | | |
|---------------------|---|-----------|
| ➤ Daye 0 - 3 Months | : | 2 hrs |
| ➤ 3 Month - 1 Year | : | 4 - 6 hrs |
| ➤ 3 Year - Adult | : | Overnight |

ELIETRUST.ORG

urology office
5th floor

16/7/23

Un - 10.8 1

Cr - 0.4

Na/K - 127/4.3

Ca/PO₄ - 7.6/4.2

TP/Alb - 5.9/2.6

TSH - 0.1437

Bil - 0.6

U. osmolality → 322 1.8.

S. osmolality → 259

C/S/B SR Neg ^{today}

It is a c/o autoimmune encephalitis
Call for evaluation of polyuria.

I/O → 2950/2100 (13/8/23)

2800/4200 (04/8/22)

2500/2500 (15/8/22)

2350/1200 (18/8/22)

At present pt. is not having
polyuria.

Kindly ~~now~~ continue monitoring
I/O.

Retard intake upto
3 lts / 000 ^{maintain hydration} per DVC study

Review SOS.

me

Signature

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
Di/kush	12	m		
सेवा Service	वार्ड Ward	विस्तर Bed	व्यवसाय Occupation	धर्म Religion
	NSIWA (4)			10891
				7108
				Status

Referred by Dr. Neurology
Requesting Doctor

to Dr. Nephrology consultant
Consultant & Specialty

Finding : Consultant

Date : 06/8/23

Sri

the mentioned pt is a 40

Diagnosis or Impression :

H/c Deeply to polyuria

2800/4200ml / Hypokalaemia
Consult / post CPR.

Recommendations :

BV/ser - 10/0.4.

Relly opine regarding further mps

Consultant's Signature

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	Deekush	आयु Age	12y	लिंग Sex	male	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service		वार्ड Ward		विस्तर Bed	(4)	व्यवसाय Occupation	धर्म Religion
							स्थिति Status
Referred by Dr.	Neurology	to Dr.	Hematology	Consultant & Specialist			
Finding :	amuntant						

Diagnosis or Impression :

Sir
A new presented pt is a c/o
A/c Encephalitis. It is
Chronic - & w/acute
pHc - Held hand numbness. Kindly
regarding my

Recommendations :

meds
Dr. R.

Consultant

C/S/B SR hemat

Encephalitis &
Evaluation

95% 12K/5.6L
mar = 102

Adh
likely reactive
(Inflammn)

To do CBC + PS (NPW 204)

Get Iden profile

B12/Fa

LDH

Plv e tapants

UTHRELIETRUST.ORG

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCE CENTRE
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी. नं. UHID No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
				स्थिति Status
Referred by Dr.		to Dr.		
Requesting Doctor		Consultant & Specialty		
Finding :		Date :		

Dr. [Signature]
Abv mentioned pt is also
Diagnosis or Impression :
A/c Encephalitis - Etiology -
evaluation - kindly do
consider this pt for radiotherapy

Recommendations :

Dr. [Signature]
[Signature]
Consultant's Signature

C/I/B-SRZD on Call / Dr. G. D. ...

M. Dillkush
12y+1M

UMID - 106913

(10. Encephalitis / ? SSPE

day of Admission - DS.

(10. fever - 2 day

* Recreation

no O₂ requirement.

no MO PEEP/FiO₂ ↑.

Day admission
↓
Acidosis
solving
today

ood off

MACONS - Sto - Liver/ST
tetracycline/Teico/Vanco
Cefephe.

- 11/0.6

- 0.3

AT/ALP - 36/33/240

- Egm - neg.

via w/v - neg

del - neg.

Aspirate - Insig EMB.

ure - sterile

RA - WNL

O/E

BL-122/72 PR-82bpm

SpO₂ - 98% vcr

RR - 22/min

L/S - clear

CVP day - DS

folley's - DS

CD/w -

Lup - ? BST

30mg

ID/w - Dr. Parthaj Jarnal

Adv

? rep.
faculty 2D on call.

ly - Piptaz. 250 mg IV TDS
(over 3 Hrs).

ly - Teicoplanin - 300 mg - 0, 12, 24 HS

flb - 300 mg IV OD.

can receive Pediatric. also.

Repeat Blood/Urine/minibALts

Repeat/send Cse/Procal.

POCC

SECTION PCC-1



GENETICS UNIT DEPARTMENT OF PEDIATRICS, AIIMS, NEW DELHI
Biochemical Genetics Lab Room No. 2/3 Old O.T. Block Ph : 011-26593558, 26594585
Requisition & Reporting Form for Blood Ammonia

Name : R. Khush Age/Sex : 12/M Date : 17/8/23
Hospital Regn./UHID No. : 106917108 Ward/Bed/OPD. : NECWA 4 Unit : II
Patient's contact no. :
Clinical Diagnosis : Acute Encephalitis
Referring Doctor : Dr. Jasmine Mary
Name : Dr. Govean Contact No. : 9963099502 Signature : [Signature]

Conditions Required :

1. OPD or Ward Patients / Patient's Attendant should be sent to lab (room no. 2, Genetic Unit, ground floor) with filled - in form prior to taking the sample.
2. Sampling for OPD Patients is done in Room No. 109 first floor Genetic Unit 10 AM - 12:30 PM/ or in C 5 day care
3. Patient should be **Fasting** (Can take Water) :

➤ Day 0 - 3 Months : 2 hrs
➤ 3 Months - 3 Year : 4 - 6 hrs
➤ 3 Years - Adult : Overnight

FOR LAB USE ONLY

Report :

Date of Reporting : 17/8/23 Lab No. : 908/23
Blood Ammonia : 94 µg/dl
Normal Range (Age wise)

Day 0 : < 240 µg/ dl
Day 1 to 1 week : < 228 µg/ dl
1 Week and Above : 30-86 µg/ dl

Comments : Ammonia Level Raised

Signature : [Signature]
(Biochemical lab)

Signature : [Signature]
(In - Charge Genetic Unit)

Incomplete form will not be accepted. Please specify the HIV/Hepatitis status of the patients, if any.
Challan to be collected room no. 109, Genetics unit, AIIMS (Monday to Friday 10:00 am to 12:30 pm)

POCO

SHOT ON POCO

Sample No: L-8416
Patient ID:
Name:
Sample Comment:

Ward:

Rack: 2

Position: 8 Doctor:

Birth:

Nickname:

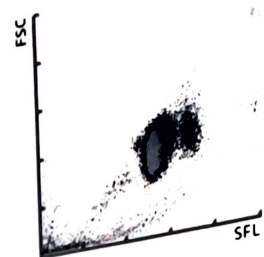
Sex: XN-2000-1-R

WNR

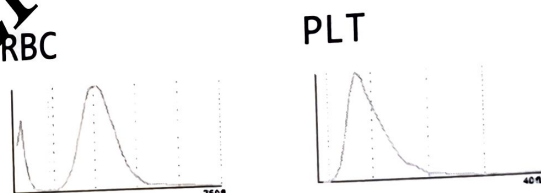
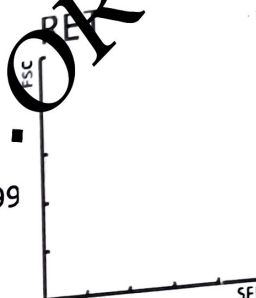
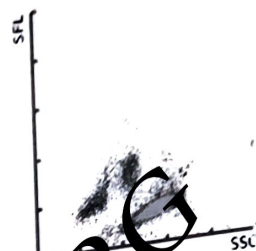
Positive

Diff. Morph. Count - 1069/108

WBC	22.43 +	[10 ³ /uL]	WBC	{	4.00 -	11.00)
BC	3.06 -	[10 ⁶ /uL]	RBC	{	4.00 -	5.50)
GB	9.5 -	[g/dL]	HGB	{	12.0 -	16.5)
CT	31.7 -	[%]	HCT	{	37.0 -	50.0)
CV	103.6 +	[fL]	MCV	{	83.0 -	101.0)
CH	31.0 -	[pg]	MCH	{	27.0 -	32.0)
CHC	30.0 -	[g/dL]	MCHC	{	31.5 -	34.5)
LT	528 +	[10 ³ /uL]	PLT	{	150 -	400)
DW-SD	67.1 +	[fL]	RDW-SD	{	37.0 -	54.0)
DW-CV	17.7 +	[%]	RDW-CV	{	11.5 -	14.5)
DW	10.9	[fL]	PDW	{	5.0 -	17.0)
PV	10.0	[fL]	MPV	{	7.2 -	11.1)
-LCR	24.8	[%]	P-LCR	{	13.0 -	43.0)
CT	0.53 +	[%]	PCT	{	0.17 -	0.35)
RBC	0.01	[10 ³ /uL]		{	0.0	[%]
EUT	19.43 +	[10 ³ /uL]	86.5 +	[%]	NEUT%	(40.0 - 80.0)
LYMPH	1.54	[10 ³ /uL]	6.9 -	[%]	LYMPH%	(20.0 - 40.0)
MONO	1.36 +	[10 ³ /uL]	6.1	[%]	MONO%	(2.0 - 7.0)
ASO	0.06	[10 ³ /uL]	0.3 -	[%]	EO%	(1.0 - 6.0)
G	0.04	[10 ³ /uL]	0.2	[%]	BASO%	(0.0 - 1.0)
ET	0.26	[10 ³ /uL]	1.2	[%]	RET%	(0.00 - 99.99)
RF		[%]				
FR		[%]				
FR		[%]				
FR		[%]				
T-He		[pg]				
croR	0.9	[%]				
croR	13.9	[%]				



WDF



PLT IP Message

C IP Message
utrophilia
nocyctosis
ukocyctosis
Present

RBC IP Message
Anisocytosis
Anemia

RBC shows normocytic normochromic to macrocytic cells.
RBC shows neutrophilic leucocytosis with toxic granules seen.

LC: N-90 L-07 M-03 ANC-20,187/cu mm.

Platelets are increased with giant forms seen.

Impression: Neutrophilic leucocytosis

Reactive thrombocytosis cannot be ruled out.

Kindly correlate with CRP

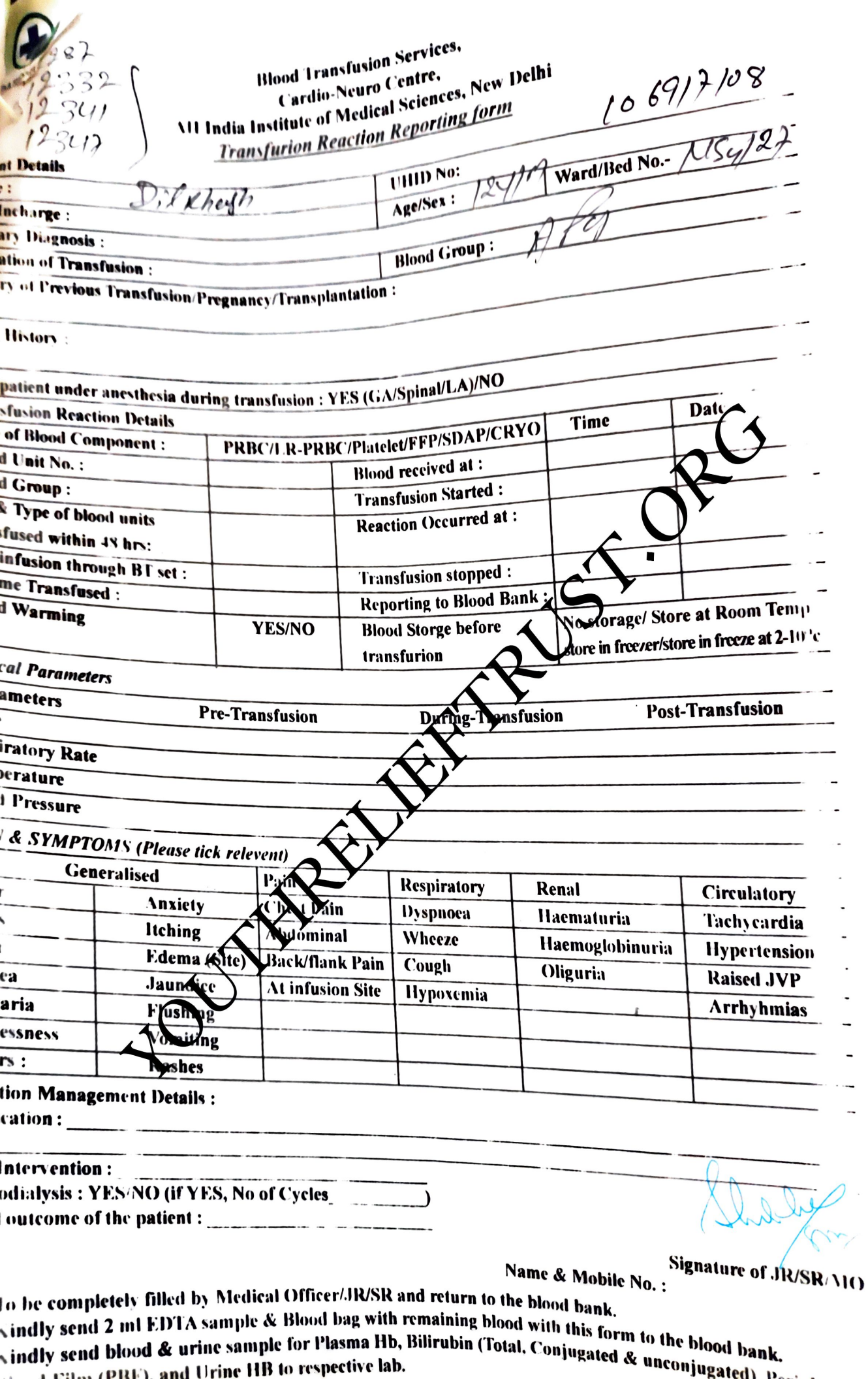
Repeat CBC with PS after resolution

00-22 2023/08/14 11:53

Sathish JR
(16/08)

Sh
JRI

POCO
SHOT ON POCO F1



**Blood Transfusion Services,
Cardio-Neuro Centre,
All India Institute of Medical Sciences, New Delhi**
Transfusion Reaction Reporting form

106917108

nt Details

Incharge :

Primary Diagnosis :

Indication of Transfusion :

History of Previous Transfusion/Pregnancy/Transplantation:

History :

patient under anesthesia during transfusion : YES (G/Spinal/LA)/NO

Diffusion Reaction Details

of Blood Component :

Unit No. :

Group :

Type of blood units

refused within 48 hrs:

infusion through BF set :

me Transfused :

Warming

Cal Parameters

ameters

Respiratory Rate

Temperature

Pressure

& SYMPTOMS (Please tick relevant)

Generalised

	Anxiety
--	---------

	Itching
--	---------

Edema (Site)

ca	Jaundice
----	----------

aria	Flushing
------	----------

essness Vomiting

rs :	Reshes
------	--------

tion Management Details :

ication :

Intervention :

Modality : YES/NO (if YES, No of Cycles

outcome of the patient :

Name & Mobile No. :

Signature of JR/SR/MO

To be completely filled by Medical Officer/JR/SR and return to the blood bank.

Kindly send 2 ml EDTA sample & Blood bag with remaining blood with this form to the blood bank.

Kindly send blood & urine sample for Plasma Hb, Bilirubin (Total, Conjugated & unconjugated),
LFTs (BUN), and Urine HB to respective lab.

BLOOD BANK, CNC, AIIMS, ANSARI NAGAR NEW DELHI-110029

LICENSE NUMBER: 1204/87

Check Before Transfusion, Transfuse as soon as possible



Blood Bag No 12332/PIU/2023 Blood Group A+ ve

Cross match Compatible for

UHID 106917108 Patient Name DILKHUSH DILKHUSH

Age/Sex 12 years 4 months 8 days/Male Blood Group A+

CR No N-036454-23 Ward/Bed No NS-4/27

Date & Time of Issue AUG 24 2023 04:23:13

PM By

Before Transfusion in Ward/OT Blood Unit Checked By

BLOOD BANK, CNC, AIIMS, ANSARI NAGAR NEW DELHI-110029

LICENSE NUMBER: 1204/87

Check Before Transfusion, Transfuse as soon as possible



Blood Bag No 12341/PIU/2023 Blood Group A+ ve

Cross match Compatible for

UHID 106917108 Patient Name DILKHUSH DILKHUSH

Age/Sex 12 years 4 months 8 days/Male Blood Group A+

CR No N-036454-23 Ward/Bed No NS-4/27

Date & Time of Issue AUG 24 2023 04:23:13

PM By

Before Transfusion in Ward/OT Blood Unit Checked By

BLOOD BANK, CNC, AIIMS, ANSARI NAGAR NEW DELHI-110029

LICENSE NUMBER: 1204/87

Check Before Transfusion, Transfuse as soon as possible



Blood Bag No 12287/PIU/2023 Blood Group A+ ve

Cross match Compatible for

UHID 106917108 Patient Name DILKHUSH DILKHUSH

Age/Sex 12 years 4 months 8 days/Male Blood Group A+

CR No N-036454-23 Ward/Bed No NS-4/27

Date & Time of Issue AUG 24 2023 04:23:13

PM By

Before Transfusion in Ward/OT Blood Unit Checked By

BLOOD BANK, CNC, AIIMS, ANSARI NAGAR NEW DELHI-110029

LICENSE NUMBER: 1204/87

Check Before Transfusion, Transfuse as soon as possible



Blood Bag No 12347/PIU/2023 Blood Group A+ ve

Cross match Compatible for

UHID 106917108 Patient Name DILKHUSH DILKHUSH

Age/Sex 12 years 4 months 8 days/Male Blood Group A+

CR No N-036454-23 Ward/Bed No NS-4/27

Date & Time of Issue AUG 24 2023 04:23:13

PM By

Before Transfusion in Ward/OT Blood Unit Checked By

**Blood Transfusion Services,
Cardio-Neuro Centre,
All India Institute of Medical Sciences, New Delhi**

Transfusion Reaction Reporting form

1069/2108

Patient Details

Name :

Unit Incharge :

Primary Diagnosis :

Indication of Transfusion :

History of Previous Transfusion/Pregnancy/Transplantation :

UHID No:

Age/Sex :

Ward/Bed No.:-

Blood Group :

Drug History :

Was patient under anesthesia during transfusion : YES (GA/Spinal/LA)/NO

Transfusion Reaction Details

Type of Blood Component :

Blood Unit No. :

Blood Group :

No. & Type of blood units

transfused within 48 hrs:

Any infusion through BT set :

Volume Transfused :

Blood Warming

PRBC/I R-PRBC/Platelet/FFP/SDAP/CRYO

Time

Date

Blood received at :

Transfusion Started :

Reaction Occurred at :

Transfusion stopped :

Reporting to Blood Bank :

Blood Storage before
transfusion

No storage/ Store at Room Temp
store in freezer/store in freeze at 2-10°C

Clinical Parameters

Parameters

Pre-Transfusion

During Transfusion

Post-Transfusion

Pulse

Respiratory Rate

Temperature

Blood Pressure

SIGN & SYMPTOMS (Please tick relevant)

Generalised

Pain

Respiratory

Renal

Circulatory

Fever

Anxiety

Chest Pain

Dyspnoea

Haematuria

Tachycardia

Chills

Itching

Abdominal

Wheeze

Haemoglobinuria

Hypertension

Rigor

Edema (Site)

Back/flank Pain

Cough

Oliguria

Raised JVP

Nausea

Jaundice

At infusion Site

Hypoxemia

Arrhythmias

Urticaria

Flushing

Restlessness

Vomiting

Others :

Rashes

Reaction Management Details :

Medication :

Any Intervention :

Hemodialysis : YES/NO (if YES, No of Cycles)

Final outcome of the patient :

Name & Mobile No. :

Signature of JR/SR/NO

- To be completely filled by Medical Officer/JR/SR and return to the blood bank.
- Kindly send 2 ml EDTA sample & Blood bag with remaining blood with this form to the blood bank.
- Kindly send blood & urine sample for Plasma Hb, Bilirubin (Total, Conjugated & unconjugated), Pct, Blood Film (PBF), and Urine Hb to respective lab.
- Kindly send blood culture of the patient to respective lab.
- Kindly share reports of above said other lab investigation to the blood bank incharge.

POCO

**Blood Transfusion Services.
Cardio-Neuro Centre,
All India Institute of Medical Sciences, New Delhi
Transfusion Reaction Reporting form**

Patient Details

Name: D. L. Khush

UHID No: 106917108

Age/Sex: 12y/m

Ward/Bed No.: NS-4/27

Primary Diagnosis:

Indication of Transfusion:

Blood Group: A+ve

History of Previous Transfusion/Pregnancy/Transplantation:

Drug History:

Was patient under anaesthesia during transfusion: YES (GA/Spinal/E A)/NO

Transfusion Reaction Details

Type of Blood Component	PRBC/IR-PRBC/Platelet/TTP/SDAP/CRYO	Time	Date
Blood Unit No.:		Blood received at:	
Blood Group:		Transfusion Started:	
No. & Type of blood units transfused within 24 hrs:		Reaction Occurred at:	
Any infusion through BT set:		Transfusion stopped:	
Volume Transfused:		Reporting to Blood Bank:	
Blood Warming	YES/NO	Blood Storage before transfusion	On storage/ Store at Room Temp / store in freezer/store in freeze at 2-10

Clinical Parameters

Parameters	Pre-Transfusion	During-Transfusion	Post-Transfusion
Pulse			
Respiratory Rate			
Temperature			
Blood Pressure			

SIGN & SYMPTOMS (Please tick relevant)

Generalised		Pain	Respiratory	Renal	Circulatory
fever	Anxiety	Chest Pain	Dyspnoea	Haematuria	Tachycardia
chills	Itching	Abdominal	Wheeze	Haemoglobinuria	Hypertension
hives	Edema (Site)	Back/flank Pain	Cough	Oliguria	Raised JVP
nausea	Jaundice	At infusion Site	Hypoxemia		Arrhythmias
pruritus	Flushing				
weakness	Vomiting				
fatigue	Rashes				
Infusion Management Details :					
Indication :					

Transfusion Management Details:

Location:

Intervention:

Dialysis: YES/NO (if YES, No of Cycles)

Outcome of the patient:

4

s/b Hemet SK

case of acute encephalitis
referred for evaluation of anemia

28/8/23

HB 6.8
TLC 8810
PLT 5.07L
MCV 90

25/8/23

HB 8.7
TLC 11,440
PLT 3.51L
MCV 85

SK 48

YOUTHRELIEFTRUST.ORG

Adv:

- CBC - PS - etc
- NPM 204
- ferritin, LDH
- Atank SBT x 3
- Transfusion support to keep HB > 8
- T. M₀ 1.50
- review & reports
- review 1st

(R)

NS4/22

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

CARDIO-THORACIC & NEURO-SCIENCE CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

All India Institute of Medical Sciences, New Delhi-110029

परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	वैवाहिक स्थिति Marital Status	यू.एच.आई. UHID No.
सेवा Service	व्यवसाय Occupation	धर्म Religion
आयु Age	लिंग Sex	स्थिति Status
वार्ड Ward	विस्तर Bed	

NS4/22

Referred by Dr. Nemo/SR to Dr. Hematology SR
Requesting Doctor Consultant & Specialty

Date: 28/8/2022

Finding:

agnosis or Impression:

Respected Sir (Madam)

Have seen case of

Acute Viral Encephalitis with.

Severe anemia & exudate.

Kindly opine on management

YOUTH RELIEF TRUST



भारत सरकार

Government of India

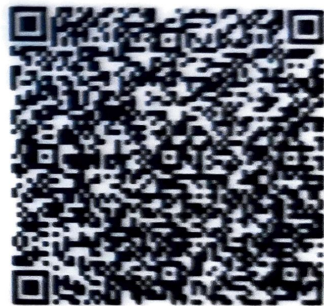


रिंकू देवी

Rinku Devi

जन्म तिथि / DOB : 01/01/1990

महिला / Female



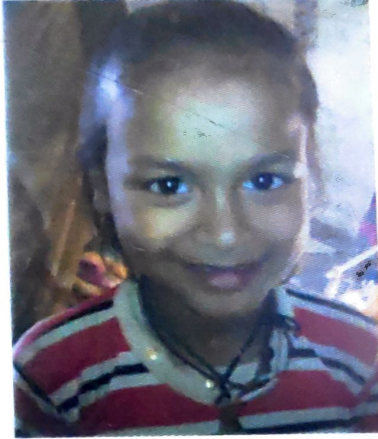
7477 1106 5924

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



Dilkhush kumar

Dilkhush kumar

माता : रिंकू देवी

Mother : Rinku Devi

जन्म तिथि / DOB : 30/03/2011

पुरुष / Male



2187 0765 6237

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



बिनोद पासवान
Binod Paswan

जन्म तिथि / DOB: 01/01/1985

पुरुष / Male

6203 8477 6520



आधार - आम आदमी का अधिकार