



آغا خان یونیورسٹی ہسپتال، کراچی

The Aga Khan University Hospital, Karachi



Stadium Road, P. O. Box 3500, Karachi 74800, Pakistan
Tel: +92 21 3493 0051
Fax: +92 21 3493 4294, 3493 2095
www.aku.edu

Department of Surgery

SUMMARY ON DISCHARGE

Javed, Naeema Bibi (361-06-20) FEMALE DOB: 18/10/1977

Admission Date	Discharge Date	Consultant	Service
19/10/2023	27/10/2023	Dr. Gohar Javed	NEURO-SUR-IN

Wound at Discharge

No wound

Instructions on Discharge

- Please continue taking all medications as advised
- Maintain good oral hydration with 15-20 glasses of water
- Ambulate out of bed with support
- Chest and limb physiotherapy as advised
- Incentive spirometry as advised

- Follow-up with Dr. Gohar Javed in Neurosurgery Clinic on 2nd November 2023

In case of any emergency please visit Aga Khan University Hospital Emergency Room.

For any clinical query please contact on our hotline number 03018276080

Followup Appointment(s)

Followup: After _____ days/weeks/months in _____ CC/CHC

Printed Discharge Instruction(s) handed over to patient is Generic Discharge Instructions Post Surgery.


Signature & Mnemonic
Date 27/10/2023

Resident/Consultant Dr. Sarah Arshad

In case of an Emergency or need of a medical advice, please call Mind & Brain Hotline Service on 0301-8276080, for 24/7 assistance. Kindly provide your name and MR number for correct identification of the patient.

This is a provisional discharge summary and final summary to follow.

Printed On : 27/10/2023 12:20:25 PM

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RADIOLOGY REPORT

M.R. # 361-06-20 DOB:18/10/1977 Sex: F
Name: JAVED, NAEEMA BIBI
Order Date: 23/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:	Date Reported	Date Examined
CT - INTRA CRANIAL ARTERIES WITH CONTRAST -- (5)	24/10/2023	23/10/2023

CLINICAL INDICATION: Status-post aneurysm coiling. CT brain perfusion scan acquired

Previous CT examinations were reviewed.

FINDINGS:

Cerebral perfusion maps were generated.
Prolonged T-max of the bilateral anterior cerebral arteries and left middle cerebral artery is noted, representing prolonged transit time.

Cerebral blood volume: Normal symmetric appearance of CBV perfusion map.
Cerebral blood flow: Normal symmetric appearance of CBF perfusion map.
No evidence of established ischaemia.

IMPRESSION:

Impaired perfusion of bilateral anterior cerebral and left middle cerebral arteries.

Dr. Mallick Muhammad Zohaibuddin

Date: 24/10/2023

DR. ZAFAR SAJJAD (SAJZ)
RADIOLOGIST

DUPLICATE

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Department of Surgery

SUMMARY ON DISCHARGE

Javed, Naeema Bibi (361-06-20) FEMALE DOB: 18/10/1977

Admission Date
19/10/2023

Discharge Date
27/10/2023

Consultant
Dr. Gohar Javed

Service
NEURO-SUR-IN

Patient was discharged as planned.

Stable

Awake, alert, and oriented.

GCS - 15/15

Pupils: Bilaterally equal and reactive to light.

No new post-op deficits.

Bilateral lower limb power 4/5

Final Discharge Summary

This is a provisional discharge summary and final summary to follow.

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Name: JAVED, NAEEMA BIBI
Order Date: 23/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:	Date Reported	Date Examined
STD - CHEST PORTABLE -- (1)	24/10/2023	23/10/2023

Clinical indication: Status post aneurysm coiling. Now with increasing cough. Suspicion of pulmonary oedema.

In comparison to prior exam dated 21/10/2023, there is interval reduction in previously identified bilateral pleural effusion. Minimal residual right pleural effusion is noted with atelectatic changes in the right lower lung zone.

There is also reduction in previously identified pulmonary oedema.
No other significant radiological interval change is identified.

Date: 24/10/2023

DR. MUHAMMAD AWAIS

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Name: JAVED, NAEEMA BIBI
Order Date: 21/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:	Date Reported	Date Examined
CT - HEAD WITHOUT CONTRAST -- (2)	23/10/2023	21/10/2023

* No new haemorrhage or established infarction identified.

Dr. Muhammad Yousaf

Date: 23/10/2023

DR. SHAYAN SIRAT MAHEEN ANWAR
RADIOLOGIST

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Name: JAVED.NAEEMA BIBI
Order Date: 21/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:	Date Reported	Date Examined
CT - HEAD WITHOUT CONTRAST -- (2)	23/10/2023	21/10/2023

CLINICAL INDICATION: Cerebral aneurysm.

Multiple unenhanced axial sections were taken from the base of the skull to vertex. In addition coronal and sagittal reformatted images were also acquired.
Previous CT intracranial arteries dated 18/10/2023 was reviewed.

FINDINGS:

Metallie coil is noted in midline anterior cranial fossa at the site of ACA aneurysm with significant streak artifacts obscuring fine details.
Interval improvement in previously noted subarachnoid haemorrhage in left lateral sulcus and interhemispheric fissure.
Interval maturation changes in previously noted intraparenchymal haemorrhage at the site of aneurysm.

Normal grey and white matter differentiation seen.
No evidence of established infarction or mass effect.
No evidence of midline shift or hydrocephalus.
Ventricles as well as extra-axial CSF spaces appear unremarkable.
Basal cisterns appear normal.
Posterior fossa structures appear unremarkable.
Non pneumatisation of left frontal sinus.
Rest of the paranasal sinuses and mastoid air cells appear normal.

Using appropriate bone window settings, visualised bony structures appear unremarkable.

IMPRESSION:

- * Status post coiling of ACA aneurysm.
- * Interval improvement in previously noted subarachnoid haemorrhage.
- * Interval maturation changes in previously noted small parenchymal haemorrhage at the site of aneurysm.

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Name: JAVED, NAEEMA BIBI
Order Date: 21/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:

STD - CHEST PORTABLE -- (1)

Date Reported
23/10/2023

Date Examined
21/10/2023

CLINICAL INDICATION: Cerebral aneurysm.

Portable chest radiograph AP sitting view.

Previous radiograph dated 21/10/2023 was reviewed.

FINDINGS

Redemonstration of pulmonary oedema.
Few patchy alveolar infiltrates are noted in right lower zone.
Interval increase in bilateral pleural effusion, right more than left.
Subsegmental bilateral basal atelectatic changes are noted.
Rest of the findings are unchanged.

DR. AYIMIN KHAN

Date: 23/10/2023

DR. MUHAMMAD AWAIS

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Name: JAVED, NAEEMA BIBI
Order Date: 21/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:	Date Reported	Date Examined
STD - CHEST PORTABLE -- (1)	21/10/2023	21/10/2023

CLINICAL INDICATION: Cerebral aneurysm.

Portable chest radiograph AP sitting view.

No prior chest radiograph is available for comparison.

FINDINGS:

The transverse cardiac diameter is within normal limits.
Increased haziness in the right lower lung zone raising the suspicion of aspiration pneumonia. Mild basal lung atelectasis noted bilaterally, more on the right side. Clinical correlation and followup is advised.

Both costophrenic angles are sharp.

Nasogastric tube is seen within its tip in the stomach.

Bony cage is intact.

Dr. Faheemullah Khan

Date: 21/10/2023

DR. MUHAMMAD AWAIS



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Order Date: 19/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:	Date Reported	Date Examined
VIR - EMBOLIZATION WITH MICRO CATH. -- (2)	19/10/2023	19/10/2023

Dr. Farqan Ahmed

Dr. Muhammad Noman

Date: 19/10/2023

DR. TANVEER UL HAQ (TAHA)
RADIOLOGIST (PAGER # 8085)

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Clinical History Provided: No

Examination:	Date Reported	Date Examined
VIR - EMBOLIZATION WITH MICRO CATH. -- (2)	19/10/2023	19/10/2023

CLINICAL INDICATION: 45y. anterior circulation aneurysm rupture.

OPERATOR: Dr. Tanveer-ul-Haq, Dr. Furqan Ahmad and Dr. Muhammad Noman.

Medications: Procedure done under general anaesthesia.

PROCEDURE AND FINDINGS:

Patient was cleaned and draped in the usual sterile manner.

Right femoral artery was punctured and 5 Fr sheath was placed by Seldinger's technique. 5 Fr cerebral H1 catheter was used for cannulation of left internal carotid artery.

Angiographic images were acquired in multiple projections along with 3D imaging.

A wide neck bilobed aneurysm was noted arising from junction of A1 and A2 segment of left anterior cerebral artery and was measuring approximately 4 x 2 mm.

Then over the guide wire, 4 Fr sheath was exchanged with 6 Fr sheath and 6 Fr March guiding catheter was positioned into the left ICA.

Subsequently, Echelon microcatheter along with Asahi 0.014 microwire was manipulated into aneurysm

and aneurysm coiling was performed using 2 x detachable platinum coils.

Post embolisation run showed satisfactory packing of aneurysm was achieved.

Post procedure Dyna CT was also performed and no new intracranial hemorrhage was noted.

Femoral sheath was removed and hemostasis was secured with manual compression.

IMPRESSION:

Successful coiling of left anterior cerebral artery aneurysm, as detailed above.

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RADIOLOGY REPORT

M.R. # 361-06-20 DOB:18/10/1977 Sex: F
Name: JAVED,NAEFEMA BIBI
Order Date: 18/10/2023
Location: ER
Doctor: Madiha Ismail

Clinical History Provided: No

Examination	Date Reported	Date Examined
CT - INTRA CRANIAL ARTERIES WITH CONTRAST -- (5)	18/10/2023	18/10/2023

* Subarachnoid haemorrhage in interhemispheric fissure, left sylvian fissure and suprasellar cistern.

Dr Poonam Khan
Instructor

Dr Muhammad Ahmed
Resident

Dr. Muhammad Ahmad

DR. POONAM KHAN

Date: 18/10/2023

DR.M.NADEEM AHMED (MNAH)
RADIOLOGIST

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Name: JAVED, NAEEMA BIBI
Order Date: 18/10/2023
Location: ER
Doctor: Madiha Ismail

Clinical History Provided: No

Examination	Date Reported	Date Examined
CT - INTRA CRANIAL ARTERIES WITH CONTRAST -- (5)	18/10/2023	18/10/2023

CLINICAL INDICATION: Subarachnoid haemorrhage.

CT angiography for intracranial arteries performed after administration of IV contrast with 3D reconstruction.

COMPARISON: None

FINDINGS

A bilobed aneurysm is seen arising from junction of left anterior commuting artery and A2 segment of left anterior cerebral artery. The aneurysm is broad neck and measures approximately 5 x 3 mm. A2 segment of right anterior cerebral artery is arising from left side and its origin is from this aneurysm.

Complete non-visualisation of A1 segment of right ACA which appears absent.
A2 segment of both anterior cerebral arteries are patent.

There is beading and subtle irregularity of bilateral MCAs and PCAs, likely due to vasospasm. However, bilateral MCAs and PCAs are patent.

No significant stenosis or occlusion in bilateral internal cerebral arteries, bilateral vertebral arteries and basilar artery.

No abnormal early venous filling noted to suggest AV malformation.

On appropriate brain window settings, sulcal hyperdensities seen in interhemispheric fissure, left sylvian fissure and suprasellar cistern, representing subarachnoid haemorrhage

CONCLUSION

* A broad necked bilobed aneurysm arising from junction of left anterior commuting artery and A2 segment of left anterior cerebral artery.

* A2 segment of right anterior cerebral artery is arising from left side and its origin is from this aneurysm.

* Complete non-visualisation of A1 segment of right ACA which appears absent.

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RADIOLOGY REPORT

M.R. # 361-06-20 DOB: 18/10/1977 Sex: F
Name: JAVED.NAEEMA BIBI
Order Date: 24/10/2023
Location: D1
Doctor: Gohar Javed

Clinical History Provided: No

Examination:	Date Reported	Date Examined
STD - CHEST PORTABLE -- (1)	25/10/2023	24/10/2023

Compared to prior x-ray dated 23/10/2023, there is no gross interval change noted.

Date: 25/10/2023

DR.FATIMA MUBARAK (MUR) (PAGLR)
RADIOLOGIST

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Lab Discharge Summary [Inpatient]

*** This is a computer generated report and therefore unsigned ***

*** Copied from patient's Medical Record file ***

Results Summarized Through 27/10/2023 09:05:00PM

361-06-20 JAVED.NAEEMA BIBI (113302593) Discharge Date : 27/10/2023 09:05:00PM

BIOCHEMISTRY I

Date	Specimen ID	19/10	20/10	21/10	Ranges
	CA3039R	CA3039R	CA3795R	CA5321R	
SERUM SODIUM		144	144	144	(136-145)
SERUM MAGNESIUM			1.9		(1.6-2.6)
SERUM POTASSIUM			3.6		(3.5-5.1)
SERUM CHLORIDE			113 H		(98-107)
SERUM BICARBONATE			20.7 L		(22-28)
SERUM CALCIUM			8.2 L		(8.6-10.2)
Date	Specimen ID	21/10	21/10	21/10	Ranges
	CA6741R	CA6741R	CA8549R	CA9465R	
SERUM SODIUM		138	139	139	(136-145)
SERUM MAGNESIUM			1.8		(1.6-2.6)
SERUM POTASSIUM			3.3 L		(3.5-5.1)
SERUM CALCIUM			8.5 L		(8.6-10.2)
Date	Specimen ID	22/10	22/10	22/10	Ranges
	CA1256R	CA1256R	CA1258R	CA2227R	
SERUM SODIUM		144.00	137	144	(136-145)
SERUM MAGNESIUM		164.00			
SERUM POTASSIUM					
Date	Specimen ID	23/10	23/10	24/10	Ranges
	CA3401S	CA3401S	CA5584R	CA6257R	
SERUM SODIUM			134 L		(136-145)
SERUM MAGNESIUM		1.7			(1.6-2.6)
SERUM POTASSIUM		2.7 PL			(3.5-5.1)
SERUM CALCIUM		8.2 L			(8.6-10.2)
SERUM TOTAL BILIRUBIN				0.5	(0.1-1.2)
SERUM DIRECT BILIRUBIN				0.2	(0-0.2)
S-INDIRECT BILIRUBIN				0.3	(0.1-0.8)
SERUM GGT				59	
SGPT (ALT)				46	
SERUM ALKPHOSPHATASE				102	(45-129)
SGOT (AST)				56	
Date	Specimen ID	25/10	26/10	27/10	Ranges
	CA0547R	CA0547R	CA3597R	CA6776R	
SERUM SODIUM		140	136	139	(136-145)
SERUM MAGNESIUM		1.9			(1.6-2.6)
SERUM POTASSIUM		2.5 PL	3.2 L	3.7	(3.5-5.1)
SERUM CHLORIDE		23.3	25.4		(22-28)
SERUM CALCIUM		8.0 L			(8.6-10.2)
SERUM BICARBONATE			98		(98-107)

CHEMISTRY THERAPEUTIC DRUGS

Date	Specimen ID	Ranges
	CA0547R	
URIC ACID (UMOL/L)		(275-300)

BIOCHEMISTRY - IMX

Date	Specimen ID	Ranges
	CI7821R	
SERUM TBL		
SERUM BILIRUBIN		27.1



Cardiopulmonary Diagnostic Services

TRANS THORACIC ECHOCARDIOGRAPHY (ECHO)

Name	JAVED, NAEEMA BIBI	M.R.	361-06-20	Age	46 Y
Rpt. No.	2023 ECH07869	Date	20/10/2023 10:36	Sex	Female
Ref. Dr.	Gohar Javed	Source	D1		

INTERPRETATION

Study Quality : Study quality is adequate

Cardiac Chambers:

Left Atrium : Left atrium is normal in size.

Right Atrium : Right atrium is normal in size.

Left Ventricle : Left ventricle is normal in size. There is no left ventricular hypertrophy. Left ventricular systolic function is normal. Visually estimated ejection fraction is approximately 55-60%. No segmental wall motion abnormalities noted. Normal transmitral inflow pattern. Normal pulmonary vein Doppler. E/E' is 10, suggestive of normal LV filling pressure.

Right Ventricle : Right ventricle is normal in size. Right ventricular systolic function is normal.

Valves:

Aortic Valve : Aortic valve is thickened with no stenosis. No aortic regurgitation.

Mitral Valve : Mitral valve is thickened with no stenosis. Trace mitral regurgitation.

Tricuspid Valve : Tricuspid valve is normal with no stenosis. No tricuspid regurgitation. Normal size inferior vena cava with preserved inspiratory collapse.

Pulmonic Valve : Pulmonary valve is normal with no stenosis. No pulmonary regurgitation.

Miscellaneous:

Aorta : Aortic root and ascending aorta are normal in size.

Pericardium : Pericardium appears normal with no pericardial effusion.

Others : No obvious clot or vegetation noted.

CONCLUSION

- * Cardiac chambers are of normal size.
- * Normal left ventricular systolic and diastolic function.

Dr Abid Hussain Laghari

MBBS, FCPS (Cardiology)

Fellowship Interventional Cardiology

Diplomate American Board of Nuclear Cardiology

Diplomate American Board of Echocardiography

Assistant Professor & Consultant Interventional Cardiologist

This report is electronically signed and does not require original signature.

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Cardiopulmonary Diagnostic Services

TRANS THORACIC ECHOCARDIOGRAPHY (ECHO)

Name	JAVED, NAEEMA BIBI	M.R.	361-06-20	Age	46 Y
Rpt No	2023 ECH07869	Date	20/10/2023 10:36	Sex	Female
Ref. Dr	Gohar Javed	Source	D1		
Height (cm)	160.00	Weight (Kg)	65.00	BSA	1.70
Heart Rate (HR)	56.00	Blood Pressure (BP)	115/65	BMI	25.39

Indication : Subarachnoid Hemorrhage

Measurements :

Measurements :	Patient Value	Normal Value
LV Internal Dimension (Ld)	40 mm	Male 42-58 mm, Female 38-52 mm
LV Internal Dimension	27 mm	Male 25-40 mm, Female 22-35 mm
LV Septum	9 mm	Male 6-10 mm, Female 6-9 mm
Post. Wall	8 mm	Male 6-10 mm, Female 6-9 mm
LV Volume Index	31 ml/msq	Male 16-34 ml/msq, Female 16-34 ml/msq
Aortic Root	21.00 mm	Male 26 ± 3 mm, Female 23 ± 2 mm
IVC Diameter	1.70 cm	-
IVC V II	25.00 cm	-
Stroke Volume of IVOI	57.00 mL	-
Area 1 of Left Atrium	16.9 cm-sq	-
Area 2 of Left Atrium	14 cm-sq	-
Length 1 of Left Atrium	4.6 mm	-
Length 2 of Left Atrium	3.8 mm	-
Left Atrium Volume	52.9 mL	-
E' Velocity	1.0 m/sec	-
E'' Velocity	0.10 m/sec	-
E/E'	10	-

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Printed On : 02/11/2023 11:39

Reported On : 20/10/2023 13:03

Page 1 of 2

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Stadium Road, P.O. Box 3500, Karachi - 74800,
Pakistan
Tel: 34930051 Ext. 1552

Medical Record # : 361-06-20
Patient Name : JAVED NAEEMA BIBI
Specimen ID : 18102023:AG0190S
Clinical Information / Comments

None

Age / Gender : 46Y / Female
Location : ER
Requesting Physician : Dr Benish Sajid
Account # : 113301653 - ER
Requested on : 18/10/2023 - 16:20
Collected on : 18/10/2023 - 16:56
Reported on : 18/10/2023 - 20:51

Test	Result	Normal Ranges
PROTHROMBIN TIME, PLASMA	10.1 seconds	(9.3-12.8)
*Recently note "reference range change" on 18/03/2020.		
INR (INTERNATIONAL NORMALIZED RATIO)	0.9 ratio	(0.9-1.2)

The comments below are ONLY for patients on warfarin therapy:

Therapeutic INR is 2.0-3.0 for deep venous thrombosis, pulmonary embolism, aortic valve replacement and atrial fibrillation.

Therapeutic INR is 2.5-3.5 (for mechanical mitral valve replacement)

ACTIVATED PARTIAL THROMBOPLASTIN TIME, PLASMA	24.6 seconds	(22.9-34.5)
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The comments below are ONLY for patients on unfractionated heparin:

Therapeutic APTT: 1.5-2.5 seconds

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Stadium Road, P.O. Box 3500, Karachi - 74800,
Pakistan
Tel: 34930051 Ext. 1552Medical Record # : 361-06-20
Patient Name : JAVED, NAEEMA BIBI
Specimen ID : 18102023:CA9015S
Clinical Information / CommentsAge / Gender : 46Y / Female
Location : ER
Requesting Physician : Dr Benish Sajid
Account # : 113301653 - ER
Requested on : 18/10/2023 - 16:20
Collected on : 18/10/2023 - 16:56
Reported on : 18/10/2023 - 17:51

3

None

Test	Current Result	Previous Results & Date	Unit	Ranges
(BLOOD) UREA NITROGEN	9		mg/dl	(6-20)
SERUM CREATININE	0.6		mg/dl	(0.6-1.1)
eGFR	>60		mL/min/1.73 m ²	

Interpretation:

Normal Renal Function: ≥ 60 mL/min/1.73 m²
Some loss of renal function and requires medical attention: < 60 mL/min/1.73 m²

Note: The eGFR is calculated using isotope dilution mass spectrometry-traceable serum creatinine on Roche Cobas 501 and patient's age and gender according to the Chronic Kidney Disease Epidemiology Collaboration-Banister (CKD-EPI Pak) equation. This equation has been validated for adults 18 to 70 years of age.

Reference: Ahmed S, Khan AH. Evaluation of 'CKD-EPI Pakistan' equation for estimated glomerular filtration rate: a comparison of eGFR prediction equations in Pakistani population. JGIM 2019; 34(12):1311-1317.

[SERUM ELECTROLYTES]

SERUM SODIUM	140		mmol/L	(136-145)
SERUM POTASSIUM	3.9		mmol/L	(3.5-5.1)
SERUM CHLORIDE	105		mmol/L	(98-107)
SERUM BICARBONATE	24.7		mmol/L	(22-28)
SERUM CALCIUM	8.6		mg/dl	(8.6-10.2)

Please note the change of reference range effective from 01/05/2023.

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Assistant Professor





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Pakistan
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Medical Record # : 361-06-20
Patient Name : JAVED, NAFEMA BIBI
Specimen ID : 18102023:CT7058S

Age / Gender : 46Y / Female

Location : ER

Requesting Physician : Dr Benish Sajid

Account # : 113301653 - ER

Requested on : 18/10/2023 - 16:53

Collected on : 18/10/2023 - 16:56

Reported on : 18/10/2023 - 17:56

Clinical Information / Comments

None

Test	Current Result	Previous Results & Date	Unit	Ranges
Plasma Tropon-I (High Sensitivity)	1912		ng/L	(0-37)

Reference range (non-myocardial infarction):
MI: 0.04 - 0.05 ng/mL
Non-MI: 0.01 - 0.02 ng/mL

Reference range (MI) in reference value, effective 10:00am:11/8/2021

* All the results received before 10:00am: 11/08/2021 were reported in ng/mL, therefore caution must be practiced in case of clinical monitoring)

Note:

Troponin-I elevation may also occur in some non-myocardial infarction conditions such as renal failure, pulmonary embolism, chronic renal disease, myocarditis, cardiotoxicity, etc. Therefore, Troponin-I values must be interpreted in the context of clinical presentation.

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Medical Record # : 361-06-20
Patient Name : JAVED, NAEEMA BIBI
Specimen ID : 18102023:NT3638P
Clinical Information / Comments

None

Age / Gender : 46Y / Female
Location : ER
Requesting Physician : Abdul Ahad Chhotani
Account # : 113301653 - ER
Requested on : 18/10/2023 - 17:09
Collected on : 18/10/2023 - 17:09
Reported on : 18/10/2023 - 17:10

Test	Current Result	Previous Results & Date	Unit	Ranges
GLUCOSE RANDOM	138		mg/dl	(80-160)

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Tel 34930051 Ext. 1552

Medical Record # : 361-06-20

Patient Name : JAVED, NAEEMA BIBI

Specimen ID : 18102023;CA9804S

Clinical Information / Comments

None

Age / Gender : 46Y / Female

Location : ER

Requesting Physician : Dure Aymen

Account # : 113301653 - ER

Requested on : 18/10/2023 - 20:47

Collected on : 18/10/2023 - 21:12

Reported on : 18/10/2023 - 21:58

Test	Current Result	Previous Results & Date	Unit	Ranges
SERUM SODIUM	141	140 18 Oct 2023	mmol/L	(136-145)

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3

Medical Record # : 361-06-20
Patient Name : JAVED, NAEEMA BIBI
Specimen ID : 18102023:HR0434S
Clinical Information / Comments:

None

Age / Gender : 46Y / Female
Location : ER
Requesting Physician : Dr Benish Sajid
Account # : 113301653 - ER
Requested on : 18/10/2023 - 16:20
Collected on : 18/10/2023 - 16:56
Reported on : 18/10/2023 - 19:16

Test	Result	Normal Ranges
[COMPLETE BLOOD COUNT] [HAEMOGLOBIN HAEMATOCRIT]		
HAEMOGLOBIN	9.1 g/dl	(11-14.5)
HAEMATOCRIT	32.3 %	(34.5-45.4)
R.B.C	4.29 x10E12/L	(3.61-5.2)
H.C.V	75.3 fL	(78.1-95.3)
M.C.H	21.2 pg	(25.3-31.7)
M.C.H.C	28.2 g/dL	(30.3-34.4)
R.D.W	15.6 %	(12.1-16.9)
W.B.C	22.6 x10E9/L	(4.6-10.8)
NEUTROPHILS	96.9 %	(34.9-76.2)
LYMPHOCYTES	2.4 %	(17.5-45)
EOSINOPHILS	0.1 %	(0.3-7.4)
MONOCYTES	0.5 %	(3.9-10)
BASOPHILS	0.1 %	(0-1)
PLATELETS	331 x10E9/L	(154-433)

SECTION REFER:

Automated Haematology Analyzer.

PERIPHERAL FILM

ANISOCYTOSIS, HYPOCHROMIC, MICROCYTIC
POIKILOCYTOSIS
IRON DEFICIENCY
SUGGEST SERUM BUN/ TIBC OR FERRITIN LEVEL
NEUTROPHILS, BACTERIAL INFECTION

Kindly note the change in values change on 06/12/2018.

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