

**CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM**

**SPONERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT**

**PATIENT REG NO : CHO/585/**

**DATE : 20-01-2025**

**BENEFICIARY DEMOGRAPHY**

PATIENT'S NAME :KARAN KUSHWAHA

AGE: 12 YRS

RELIGION : HINDU

GENDER : MALE



**PATIENT'S FAMILY DETAIL ( IN MIN 30 WORDS)**

Master Karan is suffering with Chronic Ewing sarcoma, right upper thigh. His treatment is going on AIIMS Hospital. Karan's father is a farmer and he can't afford single meal for his family. They are in very miserable situation currently, kindly help child for his chemotherapy and surgery treatment.

**GUARDIAN 'S DETAIL :**

FATHER'S NAME: Mr. Ramadhar Kushwaha

MOTHER'S NAME :Ms. Bindu Devi

OCCUPATION:Farmer

OCCUPATION:HOME MAKER

SIBLING : 3

FAMILY INCOME: NA

**TREATMENT DETAILS:**

PATIENT SUFFERING FROM : Chronic Ewing sarcoma, right upper thigh

TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 2,00,000/-

TREATMENT IS DONE AT : Aiiims Hospital, New Delhi

**DECLARATION:**

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE. I AM NOT IN THE FINANCIAL POSITION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD. I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

**(SIGN OF THE FATHER/GUARDIAN)**



मेवा में

श्रीमान द्वारा मद्य

को जलय <sup>HC</sup> हापनर और वाइलेशन

मद्य

श्रीमान विवेक डेन प्रकार है कि मद्य नाम  
 श्रावण कुशवा है मद्य को कोम करता है  
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 करन कुशवा है और उम 12 साल है मद्यका  
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व्यवहार

रामाधार

श्रीमान विवेक मद्य

C.P 27802



# All India Institute of Medical Sciences, New Delhi

## Department of Pediatric Surgery

### DISCHARGE SUMMARY

Consultant Incharge : Dr. Sachit Anand

<b>Name</b>	Karan Kushwaha	<b>Phone</b>	9811001000	<b>Follow Up Date</b>	16-01-2025
<b>Fathers's Name</b>	Ramadhhar Kushwaha	<b>Email</b>	9811001000	<b>Date of Admission</b>	03-01-2025
<b>Age</b>	12 Years	<b>UHID</b>	107608383	<b>Date of Operation</b>	04-01-2025
<b>Gender</b>	Male	<b>CR Number</b>	707539	<b>Date of Discharge</b>	06-01-2025
<b>Address</b>	Rampur gonha Chanaraha Nauka Tola siswa mani Raj, Uttarakhand, India				

**Diagnosis (ICD 11)** Chronic Ewing sarcoma, primary site, Right, right upper thigh  
ICD 11 Codes:

**Surgery** Open, Excision, Right

### History & Examination

**History of Present Illness** child was apparently well 1 year back when he developed swelling of right upper thigh which was gradually progressive, not a/w pain/weakness, not a/w any history of trauma, no h/o difficulty in walking. swelling was increasing in size that was causing difficulty for child to wear clothes. No h/o skin changes or any other swelling. No h/o weight loss/ decrease in appetite  
No h/o urinary or bowel complaints, no h/o respiratory complaints.  
Child was shown in BRD medical college where soft tissue sarcoma was diagnosed clinically and child underwent biopsy that showed small round cell tumour and child was referred to AIIMS for further management. Pt received 12 cycles of (VCD/IE) chemotherapy under med oncology and significant decrease in size was noticed, for which child is now admitted for surgical excision

**Past History** as per HOPI

**Treatment History** Received 12 cycles of (VCD/IE) chemotherapy under med oncology (27/8/24 to 18/11/24)

**Examination** GC fair, child alert active and comfortable on room air  
PR- 70/min, RR- 18/min, SPO2 98% on room air  
No pallor/ icterus/ cyanosis/ clubbing/ edema/ lymphadenopathy  
post chemo alopecia present  
CVS- S1 S2 present, no murmurs  
RS- b/l air entry present, no added sounds  
CNS- higher mental functions intact, no sensory motor disturbances  
P/A- soft, non distended, non tender, no organomegaly  
L/E: ill defined, non tender, immobile swelling in right upper thigh. No skin changes/ no ulceration.  
power in right lower limb 5/5

### Treatment Details

**Pre-Op Diagnosis** Chronic Ewing sarcoma, primary site, Right, Right thigh ewings sarcoma

## Surgery

04-01-2025

**Operative Diagnosis** Chronic Ewing sarcoma, primary site, Right, right upper thigh

**Operation** Open, Excision, Right

**Intra-operative Details** Right thigh Exploration under GA + Caudal (SN/SU/PS/NP)

- Tumor densely adhered to Femoral vessels on medial side and superiorly going till femoral head and inferiorly till shaft of femur
- Femoral vessels were displaced laterally
- Attempt made to mobilise tumor and resect
- During mobilisation superficial cutaneous nerve of thigh got transected completely which was reconstructed using PDS 6-0
- Superficial fascia of tumor excised and sent for HPE safeguarding femoral vessels
- Ligaclips placed around tumor for planning for RT

## Blood Investigations

Investigation	30-12
CBC - HAEMOGLOBIN	11.4
CBC - PLATELET COUNT	194000
CBC - TOTAL LEUCOCYTE COUNT	7060
LFT - BILIRUBIN-TOTAL	0.3
LFT - PROTEIN - ALBUMIN	7
	4.5
LFT - SGOT (AST)	45
LFT - SGPT (ALT)	43
LFT - ALK PHOS (ALP)	185
RFT - UREA	13
RFT - CREATININE	0.3
RFT - POTASSIUM	4.6
RFT - SODIUM	140

## Imaging

Date	Imaging Type	Report
19-11-2024	MRI lower limb	DIRC: 65x55x10.3cm right thigh, heterogenous lesion superiorly till head of femur extending till upper 1/3rd of femur anteriorly and anteromedially Vastus intermedialis involved sciatic nerve far away femoral nerve- near tumor site femoral vein and artery at periphery to mass (anteromedially) bone not involved depth 1-2 cm deep to deep fascia
19-12-2024	NCCT chest	clear, Normal, no nodule
22-07-2024	BONE SCAN	no e/o skeletal mets
13-05-2024	MRI lower limb	MRI right thigh: large well defined intramuscular hypointense lesion 9x9x12.8cm with multiple linear interval flow with areas of cystic changes in anteromedial right upper thigh in intramuscular space, likely soft tissue tumor sarcoma

## Histopathology

Date	Histopathology Type	Report
22-05-2024	Core Needle Biopsy of Abdominal lump	Sheets of oval to round cells with marked congestion s/o round cell morphology tumor
12-06-2024	Core Needle Biopsy of Abdominal lump	Slide Review (S2430201) malignant round cell tumor, morphology consistent with ewings sarcoma


## Hospital Course

The child was extubated and shifted to ward. Received Inj Taxim/Amikacin/PCM. Dressing was removed on POD 1 and wound was healthy. The parents were explained that the surgery could not have completely excised the tumour. The patient is being discharged in a stable condition on full orals with a healthy wound

## Advice on Discharge

Laminare discharge summary

- Daily bathing and maintain personal hygiene
- Wash wound with soap and water daily
- Tab Taxim -O 200mg BD x 7 days
- Tab PCM 250 mg BD x 3 days then SOS
- Review SOS in paediatric emergency.
- Collect HPE report after 10-14 days
- Review in Paediatric Surgery OPD, Monday under Dr Sachit Anand (16/1/25) with prior appointment at 9 AM

  
Senior Resident: **Dr. Tanvi Luthra**  
Consultant: **Dr. Sachit Anand**  
Consultant Incharge: **Dr. Sachit Anand**  
Printed on: 06-01-2025 09:18:36

In case of emergency, contact **Pediatric Casualty**



5/12/2024

# अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

## विभाग / Out Patient Department



Children Surgery के अंतर्गत प्रमपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

संशोधनार्थ खलु धर्मसाल

पुस्तक खण्ड, कक्षा-35-37  
3rd Floor, Room 3537

DR. SACHIT ANAND  
AIIMS, NEW DELHI

OPR-6

107608383

एकक/Unit

विभाग/Dept.

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Karan	S/O Ramadhar	M	11 1/2	

निदान/Diagnosis

Ewings Sarcoma Rt thigh.

दिनांक/Date  
5/12/24  
①

उपचार/Treatment

22kg ——— MRI Rt thigh : Rt thigh heterogeneous lesion

Appointment on.....  
for.....  
Dept./Clinic.....

{ Sup. till head of femur  
extending till upper 1/3 rd of femur  
extension anteriorly & anteromedially  
Vastus intermedius involved.

[ Sciatic nerve far away.  
Femoral nerve near to tumor site  
Femoral vein & artery @ periphery (antro-medial) to mass

Bone: not involved.

Depth ~ 1-2cm deep to Deep fascia.

Plan: Excision



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



Adv :  
- To see on 12/12/24

- Tentative d/F surgery

- Hemogram, RFT, LFT

भा. आ. सं. ७  
बहिरंग रोगी वि  
अस्पताल के अन्दर धूम

Qu

Dept No: 20240220003962  
PHD: 107608383

KARANKUSHWAHA  
Kushwaha  
M 13D M (दस्ता)  
Dr. Ganga Chandra Naik  
Aman Rai, UTRAKHAND  
7524077006  
Low Ub Patient  
General



डॉ. सचिit आनन्द  
Dr. Sachit Anand

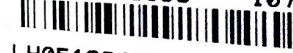
सह आचार्य/Assistant Professor  
शल्य चिकित्सा विभाग/Department of Paediatric Surgery  
आ. आ. सं. नई दिल्ली-29/A.I.I.M.S. New Delhi-29

12/12/24

to come to OPD on 14/12/24  
for Date of surgery.

Karankushwaha

LC0512241056 107608383



LH05122400636 107608383



KARANKUSHWAHA

ज. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL  
 बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूमपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

UHID: 107603383  
 Dept No: 20240220003862  
 KARAN KUSHWAHA

कमरा / Room G-31  
 Queue / संख्या F33  
 Unit-I, Paediatric Surgery OPD

DR. SACHIT ANAND OPR-6  
 A.I.I.M.S., NEW DELHI

रोगी वि. पंजीकृत सं. / O.P.D. Regn. No. \_\_\_\_\_

S/O Ramadhar Kushwaha  
 11Y 11M 13D (M) (पुरुष)  
 Rampur Gonda Chauraha Nauka Tola  
 SiswaMati Rd. UTTARAKHAND, INDIA  
 Ph: 7524077006 General Rs. 0  
 Follow Up Patient



आयु / Age	पता / Address

निदान / Diagnosis

Ewing Sarcoma (R) thigh post MACT  
 उपचार / Treatment

दिनांक / Date

10

22y

Planned for Examin

came for Date of surgery.

Appointment for  
 for  
 Dept. of

Adv

① Come to GB ward for Admissions  
 9:00 AM (16/12/2024)

सोमवार

K. Anand  
Surgeon



प्रश्नकर्ता को जवाब दें (ask for help)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
 अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
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KARAN KUSHWAHA

S/O Ramadhar Kushwaha

12Y 0M 1D / M (एनएम)  
Add: Rampur Gonha Chanaraha Neuka Tola SipsaMehi  
Raj. UTTARAKHAND, INDIA  
Mob. 7524077006 Follow Up Patient General 0

Wing Sarcoma

- According to
- No fever / IR
- Latest chemo received 18/11/24 (Week #12)  
Dr. Sameer Bhatnagar

- Surgery was postponed previously due to
- h/o  $\downarrow$  in size of swelling @

o/l no pain, Afebrile  
No paller.

l/o No restriction in limb mobility  
- No ~~palp~~ defined lump palpable.

u  
24/12

Appointment on.....  
for.....  
Dept./Clinic.....

USG guided marking

Good donation ✓

C/D by Dr. Sachet

- Admit in MCHGB ward on 3/1/25 - To meet Dr. Manjha
- Plan: OT on Saturday 10:00 am.
- To get USG guided marking of (R) thigh lesion
- ~~CBSTRI~~

R

भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL  
 बहिरंग रोगी विभाग / Out Patient Department



अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

DR. SACHIT ANAND  
 AIIMS, NEW DELHI

OPR-6

OPD

ब.रो.वि. पंजीकृत सं. / O.P.D. Regn. No.

107608083

नाम / Name	पिता / पुत्र / पत्नी / पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता / Address
Karanam		M	12y	

निदान / Diagnosis

(RT) Ewing Sarcoma (Thigh).

उपचार / Treatment

SIP - 12# (VCD/IT)  
 (29/08/24 to 18/11/24)

SIP → (RT) Thigh extirpation  
 and removal of  
 mets.

(SN/SOIPS/MP).  
 04/10/24

H/E  
 S2500835  
 (04/10/24) :- fibroadipose tissue &  
 Neurovascular bundle.

NO post-tumoural cysts or  
 NO malignant cells  
 identified.

Advice

CD/W Dr. SN

①

IRCH - 2PM @ 2008 16/10/25

② Medicated to follow up

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
 अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



mraaspatil.nhp.gov.in

[Dr. Anil / Sr]

UR  
 16/1/25  
 5  
 20/20

dx:-  
 wound healing  
 Healed  
 Post-ops

कारण सिद्धी



प्रथममंत्री जन आदान योजना  
 (pmjay.gov.in)




# PANACEA INSTITUTE OF RADIOLOGY AND MEDICAL SERVICES (P) LTD.

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Permanent ID :			
<b>Registration No.:</b>	<b>102413801</b>	Mobile No.	
Patient Name:	Mst. KARAN KUSHWAHA	Registration Dt./Tm.:	19/11/2024 10:05:30
Age/Sex:	11 Yrs Male	Report Dt./Tm.:	19/11/2024 13:39:55
ID Card No.:		Validation Dt./Tm.:	19/11/2024 13:39:55
Referred By:	AIIMS HOSPITAL	Printed Dt./Tm.:	22/11/2024 08:04:59
Referring Hosp.:	AIIMS Hospital New Delhi		

## NCCT CHEST

### STUDY PROTOCOL:

SECTIONS OF APPROPRIATE THICKNESS WERE TAKEN AT ADEQUATE INTERVALS IN MULTI DETECTOR CT SCANNER SO AS TO COVER THE REGION FROM ROOT OF NECK TO THE DIAPHRAGMS. POST PROCESSING WAS DONE ON ADVANCE WORK STATION TO OBTAIN CORONAL AND SAGITTAL SECTIONS.

**Clinical information:** Follow up post-chemotherapy case of Ewing sarcoma right thigh.

### **FINDINGS:**

**Pulmonary Parenchyma and Airways:** Bilateral lungs reveal normal parenchyma with normal bronchovascular pattern. No nodules with tree in bud configuration, consolidation, cavitation, honeycombing or any bronchiectatic changes seen in the lungs to suggest active lung disease. No peripheral rounded ground glass opacities / consolidation seen in lungs to suggest acute pneumonia. **No solid nodules or mass seen in either lung.**

**Mediastinum and Hila:** No enlarged lymphnodes in mediastinum, axilla or supraclavicular fossa on either side.

**Heart and Pericardium:** Cardiac size is normal with no pericardial thickening, calcification or effusion.

**Pleural Space:** No pleural thickening or effusion in either hemithorax.

**Osseous Structures and Chest Wall:** No pathologic osseous or soft-tissue process is present.

**Bone Windows:** Normal. No aggressive osseous abnormalities.

Contd...2

**"HEALTHCARE BEYOND IMAGINATION"**

**Diagnostic Facilities:** H-10, Green Park Extension, New Delhi -16  
**Website:** [www.panaceamedicalinstitute.com](http://www.panaceamedicalinstitute.com)  
**Email:** [info@panaceamedicalinstitute.com](mailto:info@panaceamedicalinstitute.com)

Helpline Numbers For Laboratory Medicine Report / Sample Collection queries : +91 11 42199991, +91 11 42199992

**Helpline Numbers for Appointments / Queries**

+91 11 4219 9991 • +91 11 4219 9992



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
NATIONAL CANCER INSTITUTE

UHID:	107608383	Sex:	Male
Patient Name:	Mr KARAN KUSHWAHA	Sample Received Date:	30/12/2024 01:34 PM
Age:	11 years 11 months 29 days	Department:	PAEDI SURGERY
Unit Name:	Unit-I	Unit Incharge:	
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date:	21/06/2024 08:35 AM	Sample Collection Date:	30/12/2024 08:57 AM
Report Generated Date:	30/12/2024 04:12 pm	Dept / IRCH No:	202402200003862
Recommended By:	Dr. Minu Bajpai	Lab Reference No:	1919

Sample Details : S301224058

Report

Test Name	Result	Comment	Normal Range
<b><u>LFT</u></b>			
TOTAL BILIRUBIN ( Vanadate Oxidation)	0.320 mg/dL		• 0.3 - 1.2 mg dL
DIRECT BILIRUBIN ( Vanadate Oxidation)	0.090 mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN ( Calculated)	0.23 mg/dL		• < 0.9 mg/dL
SGPT/ALT (IFCC)	43.080 U/L		• 10 - 49 U/L
SGOT/AST (Modified IFCC)	44.970 U/L		• < 34 U/L
TOTAL PROTEIN (Biuret)	7.000 g/dL		• 5.7 - 8.2 g dL
ALKALINE PHOSPHATASE	185 I.U.		• 46 - 116 U/L
GLOBULIN ( Calculated)	2.57 g/dL		• 2.5 - 3.4 g dL
A/G Ratio ( Calculated)	1.72374 ratio		• 1.2 - 2.2 ratio
Albumin ( BCG Dye Binding)	4.430 g/dL		• 3.2 - 4.8 g dL
Gamma-Glutamyl Transferase	6		• < 73 U/L
<b><u>RFT</u></b>			
UREA (Urease with GLDH)	13 mg/dL		• < 50 mg dL
CREATININE (Jaffe- Alkaline Picrate)	0.340 mg/dL		• 0.7 - 1.3 mg dL
CALCIUM (Arsenazo III)	9.700 mg/dL		• 8.7 - 10.4 mg dL
PHOSPHOROUS (Phosphomolybdate/UV)	5.100 mg/dL		• 2.4 - 5.1 mg dL
SODIUM (NA ) ( ISE)	140 mmol/L		• 132 - 146 mmol/L
POTASSIUM (K ) ( ISE)	4.600 mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE(CL-) ( ISE)	105 mmol/L		• 99 - 109 mmol/L
Uric Acid ( Uricase/Paroxidase)	4.900 mg/dL		• 3.7 - 9.2 mg dL

Over All Comment :

Authorised Signatory  
Dr. Tanima Dwivedi

Verified By  
deepikalabnci



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
DEPARTMENT OF PATHOLOGY

Patient Name	: KARAN KUSHWAHA	UHID NO.	: 107608383
Accession No	: S2500835	F/H Name	: S/O Ramadhar Kushwaha
Age Sex	: 11Y /Male	Additional ID	: NA
Clinic Dept	: Paediatric Surgery	Unit	: N/A
Consultant Incharge	: Not Mentioned	Request Date/Time	: 04-01-2025 /10:39:
		Receiving Date/Time	: 06-01-2025 /10:28:01

**HISTOPATHOLOGY REPORT**

**GROSS EXAMINATION:**

Accession No. : S2500835A

Specimen labelled as "superficial tissue for mass " comprises of single soft tissue piece measuring 3 × 2 × 1 cm.

**MICROSCOPIC EXAMINATION:**

Multiple sections examined show fibroadipose tissue and neurovascular bundle. No post-therapy changes or malignant cells are identified.

Note: Patient is a known case of Ewing sarcoma post-neoadjuvant chemotherapy (12 cycles) in 2024 – vide clinical history and histopathology accession number S2430201.

**AGNOSIS:**

S2500835A Thigh biopsy Biopsy from right thigh mass • Descriptive, see above

End Report

**Reporting Resident:** Dr. Mohammed Shahin

**Reporting Faculty:** Dr. Lavleen Singh

Reporting Date/Time: 11-01-2025 11:00

**Disclaimer :**

This report is electronically generated and does not require a signature or stamp to be considered valid.

The pathology diagnosis is to be interpreted by the treating physician in conjunction with clinical features, imaging, and other investigations.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI  
NATIONAL CANCER INSTITUTE

HID:	107608383	Sex :	Male
Patient Name :	<b>Mr KARAN KUSHWAHA</b>	Sample Received Date :	10/12/2024 12:52 PM
Age :	11 years 11 months 9 days	Department :	DEPT. OF EMERGENCY MEDICINE
Unit Name :	Unit-I	Unit Incharge :	Dr. Rakesh Yadav
Lab Name:	NCI CORE LAB	Lab Sub Centre:	
Reg Date :	21/06/2024 08:35 AM	Sample Collection Date:	10/12/2024 08:59 AM
Report Generated Date:	10/12/2024 03:01 pm	Dept / IRCH No:	20240300134031
Recommended By:	Dr. Praveen Aggarwal	Lab Reference No:	1918

Sample Details : S101224083 (Blood)

Report

Test Name(Methodology)	Result	UOM	Comment	Biological Reference
AMYLASE (Ethylidene Blocked-pNPG7)	67	U/L		• 30 - 118 U/L
<b><u>LFT</u></b>				
Albumin ( BCG Dye Binding)	4.400	g/dL		• 3.2 - 4.8 g/dL
TOTAL BILIRUBIN ( Vanadate Oxidation)	<b>0.200</b>	mg/dL		• 0.3 - 1.2 mg/dL
DIRECT BILIRUBIN ( Vanadate Oxidation)	0.060	mg/dL		• < 0.3 mg/dL
INDIRECT BILIRUBIN ( Calculated)	0.14	mg/dL		• < 0.9 mg/dL
SGPT/ALT (IFCC)	33	U/L		• 10 - 49 U/L
SGOT/AST (Modified IFCC)	<b>41</b>	U/L		• < 34 U/L
TOTAL PROTEIN (Biuret)	6.700	g/dL		• 5.7 - 8.2 g/dL
ALKALINE PHOSPHATASE	89	I.U.		• 46 - 116 U/L
GLOBULIN ( Calculated)	<b>2.3</b>	g/dL		• 2.5 - 3.4 g/dL
A/G Ratio ( Calculated)	1.91304	ratio		• 1.2 - 2.2 ratio
Gamma-Glutamyl Transferase	16			• < 73 U/L
<b><u>RFT</u></b>				
UREA (Urease with GLDH)	12.800	mg/dL		• < 50 mg/dL
CREATININE (Jaffe- Alkaline Picrate)	<b>0.240</b>	mg/dL		• 0.7 - 1.3 mg/dL
CALCIUM (Arsenazo III)	9.300	mg/dL		• 8.7 - 10.4 mg/dL
PHOSPHOROUS (Phosphomolybdate/UV)	4.500	mg/dL		• 2.4 - 5.1 mg/dL
SODIUM (NA ) ( ISE)	139	mmol/L		• 132 - 146 mmol/L
POTASSIUM (K ) ( ISE)	4.600	mmol/L		• 3.5 - 5.5 mmol/L
CHLORIDE(CL-) ( ISE)	103	mmol/L		• 99 - 109 mmol/L
Uric Acid ( Uricase/Paroxidase)	<b>2.300</b>	mg/dL		• 3.7 - 9.2 mg/dL

Over All Comment :