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YASHODA

HEMATOLOGY CLINIC

Download the Yashoda Hematology Clinic, Anemia Diagnosis App, Thalassaemia Cure Score for free from the Google Play Android Marketplace







Dr. VIJAY RAMANAN M.

M. D, D. M. (Clinical Hematology / Hemato-Oncology, CMC Vellore) Bone Marrow Transplant Physician

Head and Founding Director

Bone Marrow Transplant, Ruby Hall Clinic Red Cross Thalassaemia Centre, Pune Yashoda Hematology Clinic MVR Welfare Foundation

Hon. Consultant: Ruby Hall Clinic

Panel Consultant: Joshi Hospital, KEM, Poona Hospital







To schedule an appointement on phone, please call:

020 24484213 / 4 or 9325315471
 between 9.30 am to 6:00 pm

To schedule an appointment online, please visit http: www.hematologyclinic.com



Anjali Diagnostic Pathology Laboratory







1st Floor, Chandramauli Complex, Below Hotel Utsav, Opp. S. T. Stand, VERAVAL - 362 265. Ph.: (L.): 223813 Mob. 98250 81113

Patient Name : Mitaliben Bipinbhai Gosai

Age Female Sex 31/08/2023 Date

Ref. by

: Self

ANAEMIA PROFILE

Nephelometry Assay (POCT TEST - POINT OF CARE TESTING) S. FERRITIN TEST BY Nephelometry Methodology (POCT DEVICE)

Sample

Blood(Serum)

Method

Nephelometry Methodology - Mispa i3 Specific Protein Analyser.

S. FERRITIN

523.30

ng/ml

Normal Value

MALE: 30-220 ng/ml

FEMALE: 20-110 ng/ml

Remarks

Interpretation

- FERRITIN, a Major Iron Storage protein, is essential to iron homeostasis and is involved in wide range of physiologic processes
- -ferritin makes iron available for critical cellular processes while protecting lipids, DNA, and proteins from the potentally toxic effects of iron.
- In clinical medicine, ferritin is predominanty utilized as a marker of total body iron stores.
- In cases of iron deficiency and overload, serum ferritin serves a critical role in both diagnosis and management.
- It is clear that low ferritin values less than reference range are usually representative of body iron deficiency
- -Recent study suggests that provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage.
- -On other hand patients with high ferritin levels that are higher than the reference range may be indicative of conditions such as Iron Overload, Infections , Inlammations , Collagen disease , Hepatic diseases , Neoplastic disease and Chronic Renal Failure.
- The serum level also increase due to Hepatitis and Malioognant tumours. The Measurement of ferritin is useful in diagnosis, treatment, assesment of disease progression and post operative prognosis of abnormal iron metabolism and iron deficiency Anaemia.



End of Report

PARAG P. UNADKAT (M.Sc.(MICRO), MLT)

BASIC COMPOSITE LABORATORY AS PER GOVT. GR. This is Only an Analytical Report. It should be used for Analytical Purposes Only The test results are subject to variations due to technical Limitations. Hence Correlations with Clinical findings & other supported investigations should be done.



YASHODA HEMATOLOGY CLINIC

DR. VIJAY RAMANAN M. M.D. (Medicine), D.M (Clinical Hematology/ Hemato-oncology, CMC Vellore)

PRN: YHC007187

Name: mitali gosai

Dated: 22-May-2023

Phone: 9904519875

Diagnosis: Thalassaemia Major- IVS 1-5 and CD16

Off BT since 6 Years praxy for COVID

Complains: No Complaints

On General Examination: Patient needs to be examined by GP or specialist at the local place

Investigations: Date: 04/04/2023 Hb: 10.9 Ferritin: 1209

Prescription:

Medicine	D				
THALIDOMIDE(United) 100 mg	Dosage	Timing,Freq. & Duration			
ECOSPRIN 75 mg	0-0-1	After Food at 8PM Mon, Wed, Fri			
T SAPsure	1-0-0	After Food Mon, Wed, Fri			
T. RUV Thione	2-2-2	After Food WITH JUICE/WATER/HONEY Daily			
Hydroxyurea (Leukocel)500 mg	0-0-1	After Food Mon to Fri			
T Vinutamin D3	-1-0-0	After Food Mon to Fri			
T. Numaxim	1-0-0	After Food Daily			
Deferasirox (Natco) 400 mg	1-0-0	After Food Mon to Fri			
T. Iverwipe 12 mg	1-1-1	After Food Daily			
Advice:	1-0-0	After Food 1 Stat & after 10 Days			

Prescription for 4 Months

DO NOT DISPENSE MEDICATION ON EXPIRED PRESCRIPTION. These may be Schedule H drugs. The Pharmacist is responsible for all cons

PLEASE FOLLOW UP REGULARLY. DO NOT DISPENSE MEDICINES ON EXPIRED PRESCRIPTION.

Tests to be done:

- CBC/Hemogram
- Creatinine
- · LFTs
- Se. Ferritin
- MRI brain with contrast for Moya Moya
- Nerve Conduction Study
- MRI T2 Star for Iron overload estimation Liver, Heart, Pancreas, Pituitary.
- DXA Scan
- Thalassemia follow up (> 12 yrs)

Please follow up on 09-Oct-2023 . The prescription is not valid after this date.

Dr. Vijay Ramanan M.D., D.M. (OLIN HEMAT) Regn. No. 8 1690

109, Mangalmurti Complex First floor, Hirabaug Chowk, Lokmanya Bal Gangadhar Tilak Rd Pune Maharastra - 411002

For Appointment: Phone: +912041315541 Email: bmtpune@gmail.com Website: https://www.vijayramanan.com/



Name: Mc Toul Bepen Gosau

Age/Sex: 19
Address: Esscrapump. Ginc. Veraval

Address: Esscrapump. Ginc. Veraval

Phone No: 9228395058 13824077465

Diagnosis: Thal majar/ Thal minor/ Thal intermedia

1st transfusion at the age of : 447

: 15 days Transfusion frequency

Hemoglobin maintained at : 8

Parents work up done not done Buth Minor

Vaccination given or not

Is filter used during Transfusion:

: Desirox 750 mg/Hydrea OD/Folvite Chelation therapy

Ferritin level : 7999.77

Splenectomy done / not done :

Treatment option: 1. Bone marrow transplant

2. Blood transfusion + chelation

3. Hydroxyurea/Thalidomide/Linalidomide (Tab+Chelation)

4 Gene Therapy

Father Bipin Gosai his/her associate(s)or designee(s) and such assint as may be selected by him/her to treat the according condition and to do treatment.

2. My physician Dr Vijay Ramanan. has explained the treatment options.

3. I am aware that practice of medicine and surgery is not an exact science. I have been told that the count (WBC count/ Platelet count) may reduce because of medicines and that no guarantees have been made to me about result of the treatment

DR VIJAY RAMANAN

SAI PRABHA PHARMA

Shop No.11, Ground Floor, Mangal Murti Complex, Shukrawar Peth, Tilak

Road, Pune-411002Mangalmurti Co, Hirabaug Chouk, Tilak Rd, Pune. Mob:9146189681/82

GST TAX INVOICE

: 'CC' 3253 Bill No.

: 12-Jan-2023 Date

Patient Name : MITALI GOSAVI

CENTRAL PHARMACY

Doctor Name

: DR. VIJAY RAMANAN MD DM

Patient Add

VERAVAL SOMNATH GUJRAT

DL. NO.: 20-145033,21-145034,20C-145037-MH-PZ1

Doctor Address: HIRABAUG CHOK, TILAK ROAD, PUNE

Qty	Pack	Description	Comp	Batch	HSN	GST	MRP	Exp	Rate	Amount
-	1NOS	THALIDE 100 MG	UNIT	TLCD2B1	3004904	12.00	710.00	03/24	710.00	2,840.00
2	14NOS	ECOSPRIN 75MG TAB	USV	04008836		12.00	5.33	06/24	5.33	10.66
2	1NOS	TABLE I	SAPIE	RF2205T	3004909	18.00	330.00	11/24	330.00	1,980.00
5	1STRIF	LEUKOCEL 500 MG	CELON	HUC2224AC	3004909	5.00	149.00	10/24	149.00	596.00
2	1STRIF	IVERWIPE 12 MG	EPP	ST-15083	3004	12.00	35.00	03/24	35.00	70.00
4	1BOTT	SAPSURE 90 TAB	SAPIE	FT084	1211909	5.00	1,500.00	08/25	1,500.00	6,000.00
4	1	VITA PRIDE TAB	SIGNI	FTB22213	2106	18.00	950.00	02/24	950.00	3,800.00
4		RUV-Q10 CAP	RUVH	VH-C2014	2106	18.00	899.00	05/24	899.00	3,596.00
		BY-COURIER								
F0/	OCT . 25	4.412 18% GST : 1158.49 COLD					THE RESIDENCE OF THE PARTY OF T	GST An		1,851.53
	GST : 254	COLD	CHAIN PRO	DUCTS ONCE S	OLD CAN N	NOT BE TA	KEN BACK	Gross A	lmt :	18,892.66
	GST : 25							Discour	nt :	1,889.27
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PHARMACIST SIGN



M.D. (Medicine), D.M (Clinical Hematology/ Hemato-oncology, CMC Vellore)

 PRN: YHC007187
 Dated: Nov 17, 2023

 Name: Mitali Gosai
 Phone: 9904519875

Age: 20 Yrs. Gender: Female

Diagnosis: Thalassaemia Major- IVS 1-5 and CD16

Off BT since 6 Years proxy for COVID DEFAULTER

Complains: No Complaints

On General Examination: Patient needs to be examined by GP or specialist at the local place

Investigations: Date: 06/11/2023 Hb: 7.1

Date: 02/10/2023 Hb: 7.9 MCV: 77 TLC: 5480 N: 46 L: 45 PLT: 390000 Bil T: 8.6 D: 5.3 SGPT: 53 SGOT: 140 ALP: 87 AL: 4.9 GL: 3.2 TP: 8.1

Date: 27/10/2023 Ferritin: 880

Prescription:

Medicine	Dosage	Timing,Freq. & Duration			
THALIDOMIDE(United) 50 mg	0-0-1	After Food at 8PM Daily			
ECOSPRIN 75 mg	1-0-0	After Food Mon, Wed, Fri			
T SAPsure	2-2-2	After Food WITH JUICE/WATER/HONEY Daily			
T. Gluter in glass of water	0-0-1	After Food Mon to Fri			
Hydroxyurea (Unifdrea)500 mg	1-0-0	After Food Mon to Fri			
T Vinutamin D3	1-0-0	After Food Daily			
T. Ubniche	1-0-0	After Food Mon to Fri			
T. Thal RV	0-0-1	After Food Mon, Wed, Fri			
Deferasirox (Hetero) 400 mg	1-1-1	Before Food Daily			
Inj Epofit 5000 units SC	1-0-0	After Food Weekly 8 weeks			

Advice: Prescription for 4 Months

DO NOT DISPENSE MEDICATION ON EXPIRED PRESCRIPTION. These may be Schedule H drugs. The Pharmacist is responsible for all consequences of medicines dispensed on expired prescription.

PLEASE FOLLOW UP REGULARLY. Please DO NOT DISPENSE MEDICINES on EXPIRED PRESCRIPTION.

Tests to be done:

- CBC/Hemogram
- Creatinine
- LFTs
- Se. Ferritin
- · MRI brain with contrast for Moya Moya

- MRI T2 Star for Iron overload estimation Liver, Heart, Pancreas, Physics
- Pituitary.
- DXA Scan
- Nerve Conduction Study
- Thalassemia follow up (> 12 yrs)

Please follow up on Apr 4, 2024. The prescription is not valid after this date.

For Appointment: Phone: +912041315541 Email: bmtpune@gmail.com

Website: https://www.vijayramanan.com/



INCOME TAX DEPARTMENT



GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड Permanent Account Number Card

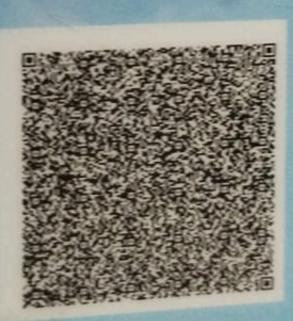
SUNITA BIPIN GOSAI

VASANTGIRI MULGIRI GOSAI

जन्म की तारीख Date of Birth 05/02/1973

Synitu Bipin Gosus

हस्ताक्षर / Signature



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