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**TEST REPORT**

Reg.No : DIL3415687  
 Name : MASTER DEESHITH SAI REDDY EDARA  
 Age\Sex : 6 Years\Male  
 Referred By : LIK/DSNR-179 VIRAT HOSPITAL  
 Referral Dr : SELF..

Reg.Date : 25-May-2026  
 Collection : 25-May-2026  
 Received : 25-May-2026  
 Report : 26-May-2026  
 Barcode : 00232022334

Routine Microbiology  
**BLOOD CULTURE & SENSITIVITY - 1st report** (CENTRAL)

TEST NAME	OBSERVED VALUES
INVESTIGATION	Blood for Culture and Sensitivity.
RESULT..	No Bacterial growth in culture after 24hrs of aerobic incubation.
NOTE	Further report will follow after 48 hrs of incubation.
NOTE.	Final report will be issued on 01/06/2026
METHOD	Autobio BC60 ( Automated ) Blood culture

**Note:**

- Blood culture should be collected when patient has high fever/chills/rigors/local infection
- Blood culture should be drawn from veins.
- It is recommended to avoid drawing blood from venous or arterial catheter.
- For childrens collect 2-4 ml (0.5ml), Adult 8-10 ml of blood.
- After collection of sample transfer blood culture bottle to laboratory as soon possible.

Please correlate with clinical findings.

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**Sample Type : BLOOD**  
 Please Correlate With Clinical Findings If Necessary Discuss  
 This is an Electronically Authenticated Report \*



\*\*\*\* END OF REPORT \*\*\*\*



**TEST REPORT**

No	: DIL3414082	Reg.Date	: 23-May-2026 / 22
e	: MASTER.DEEKSHITH SAI REDDY	Collection	: 23-May-2026 / 22:
Sex	: 6 Years/Male	Received	: 23-May-2026 / 23:
red By	: LIK/DSNR-179 VIRAT HOSPITAL	Report	: 25-May-2026 / 16:
ral Dr	: SELF..	Location	: MMH0015

**URINE FOR CULTURE & SENSITIVITY(US)**

**OBSERVED VALUES**

**Name**

**STIGATION** : Urine for culture and sensitivity.

**JLT.** : No Bacterial growth in culture after aerobic incubation.

**OD** : Conventional aerobic culture.

: Report released between 36-48 hours of aerobic incubation.

: CONVENTIONAL AEROBIC

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**Dr.C.Vishala**

**Consultant  
Microbiologist**

Page



: Master. DEEKSHITH SAI REDDY EDARA      Type / IPNO      : IP / 326  
 : Male / 6 Years 10 Months 1 Days      Request No.      : 949759  
 : 1180 / 3113      Request Date      : 22/05/2026 10:59 AM  
 : Dr. A Rajkaran Reddy      Collection Date      : 22/05/2026 11:18 AM  
 : MICU / Room -205      Approval Date      : 22/05/2026 12:47 PM

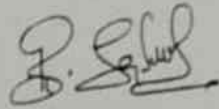
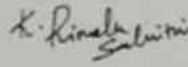
**DEPARTMENT OF BIOCHEMISTRY**

Protein (Crp)

	Result	Units	Biological Ref. Range
E PROTEIN (CRP)	26.8	mg/dl	0 - 5.0

Particle enhanced turbidometric immunoassay technique on RXL Dade Dimension

— End of Report —


**B.SRAVAN**
**LABORATORY INCHARGE Authorized Technician**

**Dr. K RINDU SAHITHI**
**MD.PATHOLOGY(OSM) (Consultant Pathologist)**

<https://childhelpinghand.org/>



**TEST REPORT**

Reg.No	: DIL3415687	Reg.Date	: 25-May-2026 /15:35
Name	: MASTER DEESHITH SAI REDDY EDARA	Collection	: 25-May-2026 /15:35
Age/Sex	: 6 Years/Male	Received	: 25-May-2026 /16:34
Referred By	: LIK/DSNR-179 VIRAT HOSPITAL	Report	: 28-May-2026 /06:08
Referral Dr	: SELF..	Barcode	: 002320223300

**Routine Microbiology**

**BLOOD CULTURE & SENSITIVITY - 2nd Report**

(PERIPHERAL V)

Blood for Culture and Sensitivity.  
 No Bacterial growth in culture after 48 hrs of aerobic incubation.  
 Final report will be issued on 01/06/2026  
 Autobio BC60 ( Automated ) Blood culture.

INVESTIGATION RESULT..

NOTE METHOD

Note:

Blood culture should be collected when patient has high fever/chills/rigors/ focal infection

Blood culture should be drawn from veins.  
 It is recommended to avoid drawing blood from venous or arterial catheter.  
 For childrens collect 2-4 ml (0.5ml), Adult 8-10 ml of blood.  
 After collection of sample transfer blood culture bottle to laboratory as soon possible.

Please correlate with clinical findings if necessary discuss

<https://childhelpinghand.org/>

Sample Type : BLOOD

Correlate With Clinical Findings If Necessary Discuss  
 This is an Electronically Authenticated Report \*



*Nasaruddin*  
 Dr.Nasaruddin .  
 Consultant Microbiologist

\*\*\*\* END OF REPORT \*\*\*\*

Patient Name : **Master. DEEKSHITH SAI REDDY EDARA**      Type / IPNO : IP / 326  
 Gender / Age : Male / 6 Years 10 Months 6 Days      Request No. : **965817**  
 R No / Bill No. : **1180 / 3208**      Request Date : 27/05/2026  
 Consultant : Dr. A Rajkaran Reddy      Collection Date : 28/05/2026  
 Ward Details : MICU / Room -205      Approval Date : 28/05/2026

**DEPARTMENT OF HAEMATOLOGY**
**Complete Blood Picture (Cbp)**

Test	Result	Units	Biological R
<b>RBC INDICIES</b>			
Haemoglobin	<b>8.4</b>	gram	11 - 14
RBC	2.9	mill/cmm	4.2 - 5.8
Hematocrit (HCT)	<b>24.4</b>		34 - 40
Mean Corpuscular Volume (MCV)	84.1	fl	75 - 87
Mean Corpuscular Haemoglobin (MCH)	28.9	pg	25 - 33
MCH Concentration (MCHC)	34.4		31.6 - 35.4
Red Cell Distribution Width (RDW-CV)	13.7		11.6 - 16.0
<b>WBC INDICIES</b>			
Total Leucocyte (WBC) Count	<b>12300</b>	cells/cumm	4000 - 11000
Differential Count	<b>7.57</b>	cells/cumm	200 - 490
<b>Differential Leucocyte Count</b>			
<b>TROPHILS</b>			
Neutrophils	<b>82</b>		40 - 75
Lymphocytes	<b>11</b>		32 - 47
Eosinophils	03		1 - 5
Monocytes	00		0.5 - 5
Basophils	00		0 - 1

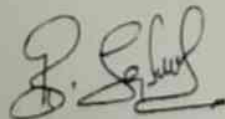
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**GENERAL SMEAR**

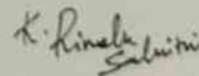
(copy and leishman stains smear)      Normocytic Normochromic Anemia  
 (copy and leishman stains smear)      Neutrophilic Leucocytosis  
 (copy and leishman stains smear)      Thrombocytosis

**& Interpretation :**  
 Correlate Clinically.

— End of Report —



**B.SRAVAN**  
**LABORATORY INCHARGE** Authorized  
**Technician**



**Dr. K RINDU SAHITHI**  
**MD.PATHOLOGY(OSM) (Co)**  
**Pathologist**







### TEST REPORT

Reg.No	: DIL3418488	Reg.Date	: 27-May-2026 /22
Name	: MASTER.DEEKSHITH SAI REDDY	Collection	: 27-May-2026 /22
Age\Sex	: 6 Years\Male	Received	: 27-May-2026 /23
Referred By	: LIK/DSNR-179 VIRAT HOSPITAL	Report	: 31-May-2026 /14
Referral Dr	: SELF..	Barcode	: 002320222900

Routine Microbiology  
**BLOOD CULTURE & SENSITIVITY - Final report**

Test Name	Observed Values
<b>Organism Isolated</b>	Enterobacter species isolated in culture
Amikacin	Sensitive(<=4)
Amoxyclav	Resistant(>=32/16)
Ampicillin	Resistant(>=8)
Ampicillin + Sulbactam	Resistant(>=32/16)
Cefazolin	Resistant(>=32)
Cefepime	Resistant(>=4)
Cefixime	Resistant(>=4)
Cefotaxime	Resistant(>=4)
Ceftazidime	Resistant(>=4)
Cefuroxime	Resistant(>=32)
Ciprofloxacin	Resistant(>=1)
Colistin	Sensitive(<=2)
Ertapenem	Sensitive(<=0.5)
Gentamicin	Sensitive(<=2)
Imipenem	Sensitive(<=1)
Levofloxacin	Resistant(>=2)
Meropenem	Sensitive(<=1)
Piperacillin / Tazobactam	Resistant(>=4/76)
Tigecycline	Sensitive(<=0.5)
Trimethoprim-Sulfamethoxazole	Resistant(>=4/76)

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**Note:** Isolation of CONS from a single blood sample is of doubtful significance please correlate clinically.

**Interpretation:**

- 1) Blood culture should be collected when patient has high fever/chills/rigors/local infection
- 2) Blood culture should be drawn from veins.
- 3) It is recommended to avoid drawing blood from venous or arterial catheter.
- 4) For childrens collect 2-4 ml (0.5ml), Adult 8-10 ml of blood.
- 5) After collection of sample transfer blood culture bottle to laboratory as soon as possible.

\* Please correlate with clinical findings if necessary discuss

**Sample Type :** BLOOD

Please Correlate With Clinical Findings If Necessary Discuss  
 This Is an Electronically Authenticated Report \*



Name : **Master. DEEKSHITH SAI REDDY EDARA** Type / IPNO : IP / 328  
 Age : Male / 6 Years 10 Months 9 Days Request No. : 971552  
 Bill No. : 1180 / 3255 Request Date : 30/05/2026 12:05 AM  
 Doctor : Dr. A Rajkaran Reddy Collection Date : 30/05/2026 06:56 AM  
 Approval Date : 30/05/2026 09:18 AM  
 Wards : MICU / Room -205

**DEPARTMENT OF HAEMATOLOGY**
**Complete Blood Picture (Cbp)**

	Result	Units	Biological Ref. Range
<b>Hb</b>	<b>10.1</b>	gram	11 - 14
<b>Hct</b>	<b>3.5</b>	mill/cmm	4.2 - 5.8
<b>Hct (HCT)</b>	<b>28.7</b>		34 - 40
<b>MCV</b>	81.9	fL	75 - 87
<b>MCH</b>	28.9	pg	25 - 33
<b>MCHC</b>	35.3		31.8 - 35.4
<b>RDW-CV</b>	14.0		11.6 - 16.0
<b>WBC Count</b>	9600	cells/cumm	4000 - 11000
<b>Platelet Count</b>	<b>8.36</b>	cells/cumm	200 - 490
<b>Neutrophils</b>	61		40 - 75
<b>Lymphocytes</b>	32		32 - 47
<b>Eosinophils</b>	03		1 - 5
<b>Monocytes</b>	04		0.5 - 5
<b>Basophils</b>	00		0 - 1

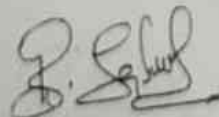
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**PERIPHERAL SMEAR**

Normocytic Hypochromic  
 (copy and leishman stained smear)  
 Within Normal Limits  
 (copy and leishman stained smear)  
 Thrombocytosis  
 (copy and leishman stained smear)

**Summary & Interpretation :**  
 Kindly Correlate Clinically.

— End of Report —



**B.SRAVAN**  
 LABORATORY INCHARGE  
 Technician



**Dr. K RINDU SAHITHI**  
 Authorized MD.PATHOLOGY(OSM) (Consultant Pathologist)



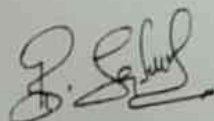
Patient Name : **Master. DEEKSHITH SAI REDDY EDARA** Type / IPNO : IP / 326  
 Gender / Age : Male / 6 Years 10 Months 6 Days Request No. : **962855**  
 MR No / Bill No. : **1180 / 3192** Request Date : 27/05/2026 06:2  
 Consultant : Dr. A Rajkaran Reddy Collection Date : 27/05/2026 06:5  
 Approval Date : 27/05/2026 09:0  
 Ad Details : MICU / Room -205

**DEPARTMENT OF HAEMATOLOGY**
**Complete Blood Picture (Cbp)**


Test	Result	Units	Biological Ref.
<b>RBC INDICIES</b>			
Haemoglobin	<b>7.6</b>	gram	11 - 14
RBC.	2.6	mill/cmm	4.2 - 5.8
Hematocrit (HCT)	<b>21.4</b>		34 - 40
Mean Corpuscular Volume (MCV)	79.9	fl	75 - 87
Mean Corpuscular Haemoglobin (MCH)	28.5	pg	25 - 33
MCH Concentration (MCHC)	<b>35.7</b>		31.6 - 35.4
Red Cell Distribution Width (RDW-CV)	14.2		11.6 - 16.0
<b>WBC INDICIES</b>			
Total Leucocyte (WBC) Count	<b>11800</b>	cells/cumm	4000 - 11000
Platelet Count	<b>6.97</b>	cells/cumm	200 - 490
<b>Differential Leucocyte Count</b>			
EUTROPHILS	72		40 - 75
Lymphocytes	01		32 - 47
Eosinophils	03		1 - 5
Monocytes	04		0.5 - 5
Basophils	00		0 - 1
<b>PERIPHERAL SMEAR</b>			
WBC	Normocytic Normochromic Anemia		
(microscopy and leishman stains smear)			
WBC	Leukocytosis		
(microscopy and leishman stains smear)			
PLATELETS	Thrombocytosis		
(microscopy and leishman stains smear)			
<b>Summary &amp; Interpretation :</b>			
Kindly Correlate Clinically.			

<https://childhelpinghand.org/>

— End of Report —



**B.SRAVAN**  
LABORATORY INCHARGE Authorized  
Technician



**Dr. K RINDU SAHITHI**  
MD.PATHOLOGY(OSM) (Consultant)  
Pathologist



Date : 31-05-2026

**TO WHOMSOEVER THIS MAY CONCERN**

Patient Name:- **Master. Deekshith Sai Reddy Edara** aged 6 years, brought to the ER with complaints of alleged history of High Voltage Electric Shock to Right Upper Limb. Admitted here for further evaluation and management.

On further evaluation, Patient noted to have Gangrenous Right Forearm and underwent Surgery: **BELOW THE ELBOW AMPUTATION RIGHT UPPER LIMB.**

Kindly do the needful.

<https://childhelpinghand.org/>

Thanking You



Sincerely

Virat Hospitals



Master DEEKSHITH SAI REDDY EDARA ,

Admission Date : 16-05-2026 / 10:56

SICU / SICU14

Requested by:  
Dr. RAMA KRISHNA REDDY M

Registration Number : 130741  
IP Number : IP UH2  
Request Number : 50753  
Requested on : 16-05-  
Specimen Collected on : 16-05-  
Approved on : 16-05-



TEST NAME	RESULT VALUE	BIOLOGICAL REFERENCE RANGE
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Biology		
CRP(Quantitative)	3.9	<5
CRP		

**VIRAL MARKERS**

HIV I & II (Rapid)	Non-Reactive
HIV I	Non-Reactive
HIV II	Non-Reactive
HCV	
HBsAG	Non-Reactive
HBsAG	---

NOTE  
THE PERFORMED TEST/S ARE SCREENING TESTS ONLY.  
ALL REACTIVE RESULTS NEEDS TO BE CONFIRMED WITH  
SPECIFIC CONFIRMATORY TESTS.

**HEMATOLOGY**

Blood Grouping and Typing	A
BLOOD GROUP	POSITIVE
h Typing	

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----- End of Report -----



*Naseema*

Dr. NASEEMA SHAIK, M  
CONSULTANT MICROB

ENTERED BY : GOPI - 16-05-2026 / 13:08  
REPORT

... of the referring

Patient Name	: Master. DEEKSHITH SAI REDDY EDARA	Type / IPNO	: IP / 326
Gender / Age	: Male / 6 Years 10 Months 9 Days	Request No.	: 971552
MR / Bill No.	: 1180 / 3255	Request Date	: 30/05/2026 12:05 AM
Physician	: Dr. A Rajkaran Reddy	Collection Date	: 30/05/2026 06:56 AM
Details	: MICU / Room -205	Approval Date	: 30/05/2026 07:54 AM

**DEPARTMENT OF CLINICAL BIOCHEMISTRY**
**Liver Function Test (Lft-A)**

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin-Total	0.4	mg/dl	0.2 - 1.2
Bilirubin-Direct	0.2	mg/dl	0 - 0.3
Bilirubin-Indirect	0.2	mg/dl	0 - 0.7
ASAT/AST (ASPARTATE TRANSAMINASE)	18	u/l	0 - 35
ALAT/ALT (ALANINE TRANSAMINASE)	21	U/L	0 - 45
ALP	<b>170</b>	u/l	53 - 128
Albumin			
Albumin	<b>5.9</b>	gm/dl	6.4 - 8.2
Globulin	<b>3.1</b>	gm/dl	3.5 - 5.2
Albumin/Globulin Ratio	<b>2.8</b>	gm/dl	3 - 3.2
Albumin/Globulin Ratio	1.1	gm/dl	1.1 - 1.6

**Summary & Interpretation :**

Alanine Aminotransferase (ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

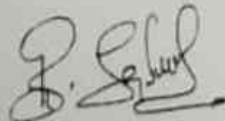
Aspartate Aminotransferase (AST) is an enzyme in the liver and heart that helps metabolize amino acids. Similar to ALT, elevated levels may be a sign of liver damage or liver disease.

Alkaline phosphatase (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as bone growth, promoting bone growth, and metabolizing fat in the intestines. Elevated levels can also increase the risk of developing certain types of cancer.

Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in the stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infection and transport drugs, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

— End of Report —



**B.SRAVAN**  
LABORATORY INCHARGE Authorized  
Technician



**Dr. K RINDU SAHITHI**  
MD.PATHOLOGY(OSM) (Consultant)  
Pathologist

PATIENT NAME:	Master.DEEKSHITH SAI REDDY EDARA	AGE / GENDER	Male / 6 Y
ESTIMATION DATE :	28/05/2026	IP NO :	326
Address :	LSG NAGAR 7TH PHASE KUKATPALLY	BILL CATEGORY	CASH
Consultant Name & dept	A Rajkaran Reddy (Sr. Consultant Laparoscopic & General Surgeon)		
DIAGNOSIS :	Electric High voltage burn to entire anterior abdominal wall , perineum involvement, scrotum and penis, left upper limb and gangrene of right forearm. Patient needs further debridement for abdominal full thickness burns and skin grafting at a later stage.		

## ESTIMATED TREATMENT COST

S.NO	Procedure Name	Approx Treatment Cost
1	ICU CHARGES (20,000 X 21)	420,000
2	ISOLATION ROOM CHARGES (9000 X 21)	189,000
3	DOCTOR VISIT FEE ( 1500 X 42)	63,000
4	SPECIAL DOCTOR VISITS	80,000
5	INVESTIGATIONS	600,000
6	MEDICINE CHARGES <a href="https://childhelpinghand.org/">https://childhelpinghand.org/</a>	1,000,000
7	OT CHARGES	1,20,000
8	ANAESTHESIA CHARGES	2,40,000
9	SURGEON CHARGES	3,50,000
10	ASST.SURGEON CHARGES	2,80,000
11	OT MEDICINE CHARGES	3,00,000
12	BURNS MAJOR DRESSING CHARGES- (Anaesthesia GA)	3,00,000
13	OXYGEN CHARGES (3600 X 21 )	75,600
14	FOOD CHARGES	21,000
	<b>TOTAL AMOUNT</b>	<b>4,038,600</b>

RS.IN WORDS: Forty Lakh Thirty Eight Thousand Six Hundred Rupees only.

Note: The above estimate is purely approximate and will not be / should not be interpreted as the final bill.In case of complications other than those mentioned.The charges will be extra. .



For THE VIRAT HOSPITALS

(A UNIT OF AYURDHAMA HEALTH CARE LLP)

MANAGER - BILLING DEPARTMENT