

VESTIGATION SUMMARY SHEET

Ward/Clinic

Consultant

Surname
First Name
Date of Birth
Address

ADAM STRAIN.

Unit No.

Sex

set Number:

EAR	92														92
ONTH	JAN		JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN	FEB
AY	2	3	4	6	7	9	13	15	16	17	20	23	28	31	4
ME															
Hb	10.1		8.6	9.1		11.1							10.7		8.6
PCV	299		250	278		327									
MCV	90			98		94									
WBC	16.1		17.3	11.9		8.1							11.9		
neuts															
hpos															
monos															
eos															
ESR															
Na ⁺	137		144	144	144	144	144	144	144	144	144	144	144	144	143
K ⁺	4.1		3.5	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.5
HCO ₃ ⁻															
urea	6.9		10.3	10.5	10.3	12.3	10.0	9.9	9.0	8.9	9.4	8.9	10.1	8.0	8.4
glucose															
Ca ⁺⁺	2.47		2.28		2.25	2.23	2.04		2.31			2.43	2.43	2.34	
PO ₄ ⁻⁻⁻													1.65		
Alk phosphatase															
Total protein	55		59	61	64	62	55	55	56	59		59	80		71
albumin	32					34				32		35	27		
Total Bilirubin	5														
direct Bilirubin															
Creatinine	82		110	93	101	114	98	87	83	90		96	92	136	161
Complement															
Volume															
Na ⁺	41		49			32									
Cl ⁺	13		12			12									
Urea	53		70			73									
Creat. clearance			130												
Protein															
Blood															
Cult Blood															
Weight															