













# SWASTIK

MULTISPECIALITY HOSPITAL

Mohna Road, Opp. Dena Bank, Ballabgarh

0129-2303438

E-Mail : swastikhospitalaffaridabad@gmail.com

**INDOOR FILE**

Bed No.	
Regd. No.	
OPD No.	
IPD No.	5151
D.O.A.	20/3/24 @ 213
D.O.D.	

Patient's Name ..... B/o Reshma

S/W/D of ..... Neeraj ..... Age ..... NB ..... Sex ..... Male

Occupation ..... Marital Status .....

Address ..... VPO Atali

..... Phone No. ....

Consultant Incharge Dr. .... Pawan Sharma ..... Relation ..... Father



Name: Baby of RESHMA  
Age / Sex: 1 days / M  
Requested By: Dr. SWASTIK MULTISPECIALITY HOS.  
Date: 20/03/2024  
ID: 67655  
Reported on: 20/03/2024 07:00 PM




## HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

	VALUE	UNIT	REFERENCE
Hemoglobin	L 15.3	g/dl	17 - 23
Leukocyte Count	H 19,100	cumm	4,000 - 11,000
Neutrophils	70	%	40 - 80
Lymphocyte	24	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	03	%	2 - 10
Basophils	2.09	lakhs/cumm	< 2
RBC Count	L 4.1	million/cumm	1.5 - 4.5
Hematocrit Value, Hct	H 47.3	%	4.5 - 5.5
Mean Corpuscular Volume, MCV	H 115.4	fL	40 - 50
Mean Cell Haemoglobin, MCH	H 37.3	Pg	83 - 101
Mean Cell Haemoglobin CON, MCHC	32.3	%	27 - 32
Platelet Volume, MPV	10.2	fL	31.5 - 34.5
I.D.W. - SD	H 66.7	fL	6.5 - 12
I.D.W. - CV	H 15.2	%	39 - 46
			11.6 - 14

## BIOCHEMISTRY



Patient Name Referred By Reg no Collected on	Baby of RESHMA Dr. SWASTIK MULTISPECIALITY HOS. 67655 20/03/2024	Age / Sex Date Reported on	1 days / M 20/03/2024 20/03/2024 07:00 PM	 67655
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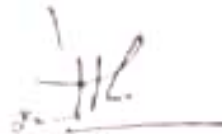
## HAEMATOLOGY

### COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 15.3	g/dl	17 - 23
Total Leukocyte Count	H 18,100	cumm	4,000 - 11,000
Differential Leucocyte Count		%	40 - 80
Neutrophils	70	%	20 - 40
Lymphocyte	24	%	1 - 6
Eosinophils	03	%	2 - 10
Monocytes	03	%	< 2
Basophils		%	1.5 - 4.5
Platelet Count	2.09	lakhs/cumm	4.5 - 5.5
Total RBC Count	L 4.1	million/cumm	40 - 50
Hematocrit Value, Hct	47.3	%	83 - 101
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R.D.W. - SD	H 66.7	fL	11.6 - 14
R.D.W. - CV	H 15.2	%	

## BIOCHEMISTRY

Anil Kumar  
 M.Sc. Microbiology  
 Lab Incharge



Dr. Kamal Sathyarthi  
 M.B.B.S. D.C.P. (Senior Pathologist)  
 Reg. No. - MCI - 25147



# SWASTIK Lab

Patient Name: Baby of RESHMA  
Referred By: Dr. SWASTIK MULTISPECIALITY HOS.  
Reg. no.: 67655  
Collected on: 20/03/2024  
Age / Sex: 1 days / M  
Date: 20/03/2024  
Reported on: 20/03/2024 07:00 PM  
Barcode: 67655

TEST	VALUE	UNIT	REFERENCE
<b>LIVER FUNCTION TEST (LFT)</b>			
Serum Bilirubin (Total)	0.89	mg/dl	Up to 10
Serum Bilirubin (Direct)	0.23	mg/dl	0 - 0.3
Serum Bilirubin (Indirect)	0.66	mg/dl	0.2 - 1
SGOT (AST)	23.4	U/l	0 - 37
SGPT (ALT)	27.8	U/l	13 - 40
Serum Alkaline Phosphatase	172.2	U/l	100-250
Serum Protein	6.2	g/dl	
Serum Albumin	4.0	g/dl	3.2 - 5.4
Globulin	2.20	g/dl	1.8 - 3.6
A/G Ratio	1.82		1.1 - 2.1

TEST	VALUE	UNIT	REFERENCE
<b>KIDNEY FUNCTION TEST (KFT)</b>			
BUN	10.93	mg/dl	7.9 - 20
Serum Urea	23.4	mg/dl	10-50
Serum Creatinine	1.0	mg/dl	0.6 - 1.4
Serum Uric Acid	4.4	mg/dl	3.5 - 7.2
Serum Sodium	153.3	mmol/L	130 - 160
Serum Potassium	4.9	mmol/L	3.2 - 5.7
Urea / Creatinine Ratio	23.40		
BUN / Creatinine Ratio	10.93		

TEST	VALUE	UNIT	REFERENCE
<b>SEROLOGY &amp; IMMUNOLOGY</b>			
C-Reactive Protein, CRP (Quantitative)	H 14.5	mg/dl	< 6.0 mg/L

--- End of report ---

Anil Kumar  
M.Sc. Microbiology  
Lab Incharge

Dr. Kamal Sathiyarth  
M.B.B.S. D.C.P. (Senior Pathologist)  
Reg. No. - MCI - 25147



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Referred By:	Dr. SWASTIK MULTISPECIALITY HOS.	Date:	20/03/2024
Reg. no.	67655		
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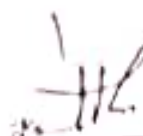
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BUN / Creatinine Ratio	10.93		

### SEROLOGY & IMMUNOLOGY

TEST	VALUE	UNIT	REFERENCE
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--- End of report ---

Anil Kumar  
M.Sc. Microbiology  
Lab Incharge

  
Dr. Kamal Sathiyarathi  
M.B.B.S. D.C.P. (Senior Pathologist)  
Reg. No. - MCI - 25147



### Hospital Recommendation letter

Date: 26/03/2024

Name of the child:- Baby Of Reshma

Age:- 7 Days

Gender: Male

Medical Diagnosis: Late Preterm /M/EOS/ palytic Iles/RDS.

Suggested treatment: Medical/surgical management with respiratory support


Proposed date of Surgery/Treatment: Upto 1 wks

Estimated cost of treatment (with break ups): Rs 150000/-

This is to certify that the above referred case is critically ill. The child requires support for medical treatment expense. We here by recommend you this case for financial assistance. The above mentioned estimate is approximation for surgery/treatment and in the event of any complications the expenses may exceed the estimated cost.

From;

Signature:

  
Dr Pawan Kumar Sharma  
M.B.B.S., D.C.P.(P.B.M.H)  
REG. NO. MH-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics