







Patient Name: Baby of PRIYA      Age / Sex: 1 days / F  
Referred By: Dr. SWASTIK MULTISPECIALITY HOS.      Date: 03/06/2024  
Reg. no. 68693  
Collected on: 03/06/2024      Reported on: 03/06/2024 05:55 PM

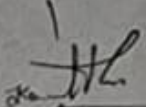


### BIOCHEMISTRY KIDNEY FUNCTION TEST (KFT)

TEST	VALUE	UNIT	REFERENCE
BUN	14.99	mg/dl	7.9 - 20
Serum Urea	32.1	mg/dl	10-50
Serum Creatinine	1.0	mg/dl	0.5 - 1.4
Serum Uric Acid	4.3	mg/dl	2.6 - 7
Serum Sodium	145.6	mmol/L	130 - 160
Serum Potassium	4.0	mmol/L	3.2 - 5.7
Urea / Creatinine Ratio	32.10		
BUN / Creatinine Ratio	14.99		

--- 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





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### HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	17.8	g/dl	17 - 23
<b>Total Leukocyte Count</b>	<b>H 15,800</b>	<b>cumm</b>	<b>4,000 - 11,000</b>
<b>Differential Leucocyte Count</b>			
Neutrophils	40	%	40 - 80
<b>Lymphocyte</b>	<b>H 52</b>	<b>%</b>	<b>20 - 40</b>
Eosinophils	04	%	1 - 6
Monocytes	04	%	2 - 10
Basophils		%	< 2
Platelet Count	1.79	laks/cumm	1.5 - 4.5
<b>Total RBC Count</b>	<b>H 4.9</b>	<b>million/cumm</b>	<b>3.9 - 4.8</b>
Hematocrit Value, Hct	H 53.2	%	36 - 46
Mean Corpuscular Volume, MCV	H 108.6	fL	83 - 101
Mean Cell Haemoglobin, MCH	H 36.3	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	33.5	%	31.5 - 34.5
Mean Platelet Volume, MPV	9.2	fL	6.5 - 12
R.D.W. - SD	H 63.2	fL	39 - 46
R.D.W. - CV	H 15.7	%	11.6 - 14

TEST	VALUE	UNIT	REFERENCE
<b>Blood Group &amp; Rh.</b>			
ABO	O		
Rh (ANTI-D)	POSITIVE		

--- End of report ---

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## Hospital Recommendation letter

Date: 08-06-2024

Name of the child:- Baby Of Priya

Age:- 5 Days

Gender: Female

**Medical Diagnosis: Congenital Heart defect/Extremely Low Birth Weight /RDS /HMD/ sepsis/ ARDS /Shock/Neonatal sepsis/ Apnoea**

**Suggested treatment:Medical/surgical management with respiratory support**

**Proposed date of Surgery/Treatment: Upto 6 wks.**

**Estimated cost of treatment (with break ups): Rs 900000/-**

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. PAVAN KUMAR SHARMA  
M.B.B.S., D.C.H. (I.M.H.)  
Reg. No. HN-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

दिनांक - 8 मज 2024

सेवा में

संस्थापक महोदय,

वचपन केयर आपीनार्लिशन  
नई दिल्ली

स्तर,

आपका किराणा है जो हमारा बच्चा पाता है  
5 दिन की है। यह स्वास्थ्य अस्पताल में मजिरी  
उसका इलाज को रक्यो बहुत सारा है। हमारा  
परिचार पूरा अक्षय है। उसका इलाज लमडा  
चलेगा। कृपया काले इलाज सहायता मज

का कृपा करो हम जीवन में आनंदी रहेगी।

प्राप्ती में  
प्रिया

Refer to back copy.

R

DR. PAWAN KUMAR SHARMA  
M.B.B.S., D.C.H. (I.M.U.)  
Reg. No. HN-7303