Please Help For Kohinoor

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29/05/2023

INVOICE (ESTIMATE)

COMPANY NAME	INVOICE NO.	DATE
SONI BURN HOSPITAL	01	01/06/2023

REGISTERED ADDRESS
NEAR JAT COLLEGE, RAILWAY ROAD HISAR (HARYANA) 125001

CONTACT NO. 88908-50088, 99867-80443

E-MAIL ID: SONIBURNHOSPITAL@GMAIL.COM

COMPANY NAME : SONI BURN HOSPITAL
PATIENT NAME : KOHINOOR
AGE/SEX : 10 MONTHS/ MALE
DIAGNOIS : BURN

S. NO.	PARTICULAR	AMOUNT
1	1 st OPERATION	25,000
2	ANAESTHESIA CHARGE	10,000
3	OT MEDICINES ESTIMATE	7,600
4	2nd OPERATION	25,000
5	ANAESTHESIA CHARGE	10,000
6	OT MEDICINES ESTIMATE	8,100
7	DRESSING CHARGER (800*30)	24,000
8	DRESSING MEDICINES (1000*30)	30,000
9	ROOM MEDICINES + INJECTION	77,400
10	ROOM RENT (2500*30)	75,000
	TOTAL	**292,100**

Amount chargeable (in words)
TWO LAKH NINETY TWO THOUSAND ONE HUNDRED RUPEES

For : Dr. Rajat soni

SONI BURN HOSPITAL

Dr. RAJAT SONI
M.D., M.S. (Gen. Surgery)
SONI BURN HOSPITAL
Near Jat College, HISAR
Reg. No.: 22811

At Time of Admission

Pulse: 136 /mt | Temp.: 99 F | BP.: — | RR.: 32 /mt | Weight: Kg

MLC ☐
P.I. No. _____

INDOOR FILE

IPD No. 2023-5-43

UHID No .....

Blood Group: B+ve

Room No.: Pvt

SONI BURN HOSPITAL

WEBSITE : www.soniburnhospital.in
NEAR JAT COLLEGE, RAILWAY ROAD, HISAR
(M) : 9986780443, 9896345666 | e-mail : soniburnshospital@gmail.com

Date of Admission 29/05/23 Time 9:15 AM
Date of Discharge/Death _____ Time _____
Date of Operation _____

Physician/Surgeon
1. DR. RAJAT SONI
2. _____

Name Kohinoor Age 10 M Sex M
S/O, D/O, W/O Mahavir Parsad Occupation _____
Address Dhani Rattiwal, Fazilka
Ref. by _____ Phone 9501953896 Aadhar _____
Diagnosis _____

SUMMARY

Complaints :
1.
2.
3.
4.

Short History :

Examination : Old case of scalds
Infected Burns with Anemia

Investigation :

Hb	TLC	+ HHH
BT	DLC	+ ABG
CT (Complete)	ESR	+ LFT
Urine	Blood Urea	+ HBAIC
ECG	X-Ray	
Serum Creatinine	Serum Electrolytes	
Blood Grouping	Blood Sugar	

TREATMENT AT ADMISSION

. inj. Meropenem 500mg I/V Stat.
F. by 250mg I/V B.D.
. inj Amikacin 100mg I/V B.D.
. PRBC 100ml.
. FFP one unit.

NAME : AGE & SEX : BED NO. : REG. NO. DATE :

DATE	TIME	PULSE	TEMP.	B.P.	SPO_2	RESP.	INPUT			OUT PUT				MED
							TIME	FLUID	QTY.	TIME	URINE	RYLES TUBES	VOMITING	
1-6-23	10Am	136 ↗	98F	—	100%	36 ↗								
	2:PM	132 ↗	96F	—	99%	34 ↗								

Flying Officer T.S. Nalwa Memorial
NALWA LABORATORIES PVT. LTD.
S.C.F. - 83, Red Square Market, HISAR - 125 001
Lab : 01662-350117 87083-82803 E-mail : nalwalab@gmail.com

Patient Name : **BABY KOHINOOR**
Age : 10 months (Male)
Referral : Dr. RAJAT SONI
Reg. ID :N-17
Sample Date : 29/05/2023, 10:23 a.m.
Report Date : 29/05/2023, 10:53 a.m.
Sample ID : 002714923

Test Description	Value(s)	Unit	Bio.Ref.Interval
	COMPLETE BLOOD COUNT		
HAEMOGLOBIN	**7.9**	g/dL	11.0 - 15.0
(Method: (Colorimetric Method))			
RED BLOOD CELLS			
RBC	4.12	x10^12/L	3.50 - 5.20
(Method: (Electrical Impendance Method))			
HEMATOCRIT	**27.0**	%	35 - 49
MEAN CORPUSCULAR VOLUME	**65.5**	fL	80 - 100
MEAN CORPUSCULAR HEMOGLOBIN	**19.2**	pg	27 - 34
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	**29.3**	g/dL	31 - 37
RDW-SD	42.8	fL	35 - 56
RDW-CV	15.9	%	11 - 16
PLATELET COUNT	195	x10^9/L	150 - 450
(Method: Electrical Impendance)			
MEAN PLATELET VOLUME	7.3	fL	6.5 - 12.0
PCT	0.14	%	0.108 - 0.282
PDW	15.8		9.0 - 17.0
TOTAL LEUCOCYTE COUNT (TLC)	**24.05**	x10^9/L	4.0 - 12.0
(Method: Electrical Impendance)			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Method (Electrical Impendance)			
NEUTROPHILS	**32.9**	%	50 - 70
LYMPHOCYTES	45.2	%	20 - 60
MONOCYTES	6.7	%	3 - 12
EOSINOPHILS	**14.6**	%	0.5 - 5.0
BASOPHILS	0.6	%	0.0 - 1.0
ABSOLUTE LEUCOCYTE COUNT			
NEUTROPHILS	7.91	x10^9/L	2.00 - 8.00
LYMPHOCYTES	**10.88**	x10^9/L	0.80 - 7.00
MONOCYTES	**1.61**	x10^9/L	0.12 - 1.20
EOSINOPHILS	**3.51**	x10^9/L	0.02 - 0.80
BASOPHILS	**0.14**	x10^9/L	0.00 - 0.10
PERIPHERAL SMEAR STUDY			
RBC MORPHOLOGY	Microcytic Hypochromic Anemia		
WBC MORPHOLOGY	Leucocytosis with Lymphocytosis		

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Reg. ID :N-17
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Report Date : 29/05/2023, 10:53 a.m.
Sample ID : 002714923

Test Description	Value(s)	Unit	Bio.Ref.Interval
PLATELETS	Adequate on smear.		
PARASITES	No Haemoparasites Seen		

Note
1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
2. Test conducted on EDTA whole blood

UREA, SERUM (Method: (Urease-GLDH,UV))	18.2	mg/dL	16 - 43
SERUM CREATININE (Method: Sarcosine Oxidase)	0.81	mg/dL	0.80 - 1.30

SERUM ELECTROLYTES

SODIUM, SERUM	138.6	mmol/L	135 - 145
POTASSIUM, SERUM	**5.75**	mmol/L	3.5 - 5.5
CHLORIDE, SERUM	106.6	mmol/L	97 - 110
METHOD	ISE DIRECT		

SERUM PROTEIN

TOTAL PROTEINS (Method: (Biuret))	**6.13**	g/dL	6.6 - 8.3
ALBUMIN (Method: (BCG))	**3.18**	g/dL	3.8 - 5.1
GLOBULIN	2.95	g/dL	2.8 - 4.5
A : G RATIO	**1.08**		1.3 - 2.0

END OF REPORT

Dr. j p s Nalwa
M.D. (Microbiologist) DC (Path)

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Patient Name : **MASTER KOHINOOR**
Age : 10 months (Male)
Referral : Dr. RAJAT SONI
Reg. ID :N-34
Sample Date : 31/05/2023, 12:39 p.m.
Report Date : 31/05/2023, 01:23 p.m.
Sample ID : 006215123

Test Description	Value(s)	Unit	Bio.Ref.Interval
	COMPLETE BLOOD COUNT		
HAEMOGLOBIN	14.4	g/dL	11.0 - 15.0
(Method: (Colorimetric Method))			
RED BLOOD CELLS			
RBC	**6.52**	x10^12/L	3.50 - 5.20
(Method: (Electrical Impendance Method))			
HEMATOCRIT	48.2	%	35 - 49
MEAN CORPUSCULAR VOLUME	**74.0**	fL	80 - 100
MEAN CORPUSCULAR HEMOGLOBIN	**22.1**	pg	27 - 34
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	**29.8**	g/dL	31 - 37
RDW-SD	53.0	fL	35 - 56
RDW-CV	**17.7**	%	11 - 16
PLATELET COUNT	349	x10^9/L	150 - 450
(Method: Electrical Impendance)			
MEAN PLATELET VOLUME	7.9	fL	6.5 - 12.0
PCT	0.28	%	0.108 - 0.282
PDW	16.1		9.0 - 17.0
TOTAL LEUCOCYTE COUNT (TLC)	**19.82**	x10^9/L	4.0 - 12.0
(Method: Electrical Impendance)			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Method (Electrical Impendance)			
NEUTROPHILS	**43.0**	%	50 - 70
LYMPHOCYTES	48.5	%	20 - 60
MONOCYTES	5.8	%	3 - 12
EOSINOPHILS	2.5	%	0.5 - 5.0
BASOPHILS	0.2	%	0.0 - 1.0
ABSOLUTE LEUCOCYTE COUNT			
NEUTROPHILS	**8.53**	x10^9/L	2.00 - 8.00
LYMPHOCYTES	**9.62**	x10^9/L	0.80 - 7.00
MONOCYTES	1.15	x10^9/L	0.12 - 1.20
EOSINOPHILS	0.49	x10^9/L	0.02 - 0.80
BASOPHILS	0.03	x10^9/L	0.00 - 0.10
PERIPHERAL SMEAR STUDY			
RBC MORPHOLOGY	Erythrocytosis		
WBC MORPHOLOGY	Leucocytosis with Lymphocytosis		

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Age : 10 months (Male)
Referral : Dr. RAJAT SONI
Reg. ID :N-34
Sample Date : 31/05/2023, 12:39 p.m.
Report Date : 31/05/2023, 01:23 p.m.
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SERUM CREATININE (Method: Sarcosine Oxidase)	0.80	mg/dL	0.80 - 1.30

SERUM ELECTROLYTES

SODIUM, SERUM	138.8	mmol/L	135 - 145
POTASSIUM, SERUM	4.47	mmol/L	3.5 - 5.5
CHLORIDE, SERUM	107.4	mmol/L	97 - 110
METHOD	ISE DIRECT		

SERUM PROTEIN

TOTAL PROTEINS (Method: (Biuret))	7.58	g/dL	6.6 - 8.3
ALBUMIN (Method: (BCG))	4.41	g/dL	3.8 - 5.1
GLOBULIN	3.17	g/dL	2.8 - 4.5
A : G RATIO	1.39		1.3 - 2.0

END OF REPORT

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