



**Offer A Helping Hand To Support
Baby of KANCHAN
CLICK HERE TO DONATE**



Kidney Hospital & Lifeline Medical Institutions

PMF Trust



63 & 64, Waryam Nagar, Cool Road, Jalandhar 144 001 (Punjab), India
Phone: +91-181-4681100, 2440252, 2272236. Fax: +91-181-2464666



To
Youth Helping Trust

CASE SUMMARY (26.4.23)

Patient name	B/O Kanchan	CRNO	1042742
Date of birth	05.01.2024	Sex	Male
Date of Admission	05.01.2024	Admission weight	1650 grams

SINGLETON/ PRETERM/MALE/8 MONTHS/NSD/1650 GRAMS/LBW/LSCS-I/V/O-PTL/PRIVIOUS LSCS/RD 6/10 /HYPOGLYCEMIA/RDS/ SEPSIS

Baby delivered at Private hospital, Jalandhar. Baby was referred at 1 hrs of life to our hospital, **Kidney and Lifeline Medical institutions**, Jalandhar, on 05/01/24 in view of severe difficulty in breathing requiring ventilator support.

Father is a laborer from Rajasthan currently residing in Jalandhar, Punjab. The couple has already lost 2 kids in the last 3 years. (All born prematurely before time and dying at 7-10 days of life due to infection, lack of care etc.). The family is very poor and clean roads to earn a living. The family has mortgaged whatever property, jewelry they had for the babies treatment. \

The baby is on ventilator support, IV antibiotics and requires a further hospital stay of 3-4 week. Kindly help the family as much as possible.

We kindly request the NGO, i.e Youth Helping trust to kindly support the baby.

- Expected duration of hospital stay: 30-35 days
- Approximate expenditure: 3-4 lakhs
- Daily medicine charges: Rs 50000-60000 pr month

Kidney Hospital & Lifeline Medical Institutions
PMF Trust
63 64, Waryam Nagar, Cool Road, Jalandhar



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ESTIMATE for B/o Kanchan (for 40 days)			
S.No:	Particular	Qnt.	Amount
1	NICU room rent	30-40	30-40 x 3800 = Rs 114000-152000
2	Infusion Pump	30-40	30-40 x 500 = Rs 15000-20000
3	Oxygen support	30-40	30-40 x 1000 = Rs 30000-40000
4	Ventilator support	30-40	30-40 x 3500 = Rs 105000- 140000
5	Medicines	30-40	30-40 x 1000-1500= Rs 45000 – Rs 60000
	Total Estimate	30-40 days	Rs 309000- Rs 412000

Thanking you

Kidney Hospital & Lifeline Medical Institutions
PMF Trust
Dr Srishti Gupta
63 & 64, Waryam Nagar, Cool Road, Jalandhar

Consultant neonatologist & head

Department of Neonatology

Kidney & Lifeline Medical Institutions. Jalandhar, Punjab



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 09-JAN-2024 02:47 PM

Age : 4 DAYS

Gender : MALE

Lab No : 2930193

Reported : 09-JAN-2024 03:51 PM

Doctor Incharge : DR. SRISHTI GOEL, MD, DM.

Room No : NICU BED NO: 32B Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

SEPTIC SCREEN ANALYSIS

RBC	: MACRO + MICROCYTES	
NUCLEATED RBC	: NIL	
WBC	: 3600	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 36+04	%
IMMATURE CELLS	: 08	%
LYMPHOCYTES	: 49	%
EOSINOPHILS+MONOCYTES	: 2+1	%
PLATELET COUNTS	: 145000	/Cu mm
ANALYSIS	:	
ANC	: 1728	/Cu mm
CRP	: 15.05	mg/l
IMMATURE CELLS:TOTAL RATIO	: 0.25	
I.T. RATIO	: SIGNIFICANT	
IMPRESSION	: POSITIVE SEPSIS SCREEN.	
ADVISED	: CLINICAL CORRELATION AND FOLLOW UP IN 2-3 DAYS.	

INTERPRETATIONS :

Septic screen is a panel of hematology/biochemical tests (including total leukocyte counts, C-Reactive protein, absolute neutrophil counts, and immature-to-mature neutrophil ratio) which helps in increasing or decreasing the clinical probability of Neonatal sepsis.

To increase the accuracy, result of septic screen should be used in association with clinical condition of the baby and associated risk factors.





DEPARTMENT OF LABORATORY

REPORTS

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Gender : MALE

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Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCE

COMPLETE BLOOD COUNT,CBC :

Hb	: 7.0	GM/DL	12.0 - 16.0
WBC COUNT :			
TLC	: 3600	/Cu mm	4000-11000
DIFFERENTIAL COUNT :			
LYM	: 51.1	%	20.0 - 40.0
MID	: 8.1	%	3.0 - 9.0
GRAN	: 40.8	%	50.0 - 70.0
RBC INDICES :			
RBC	: 1.70	ul	3.5 - 5.5
HCT	: 19.2	%	37.0 - 50.0
MCV	: 112.7	fL	82.0 - 95.0
MCH	: 41.0	pg	27.0 - 31.0
MCHC	: 36.4	g/dl	32.0 - 36.0
PLATLET INDICES :			
PLATELET COUNTS	: 145000	/Cu mm	150000 - 450000

The complete blood count,CBC is often used as a broad screening test that evaluates the three types of cells that circulate in the blood & helps to determine an individual's general health status. It can be used to :

- Screen for a wide range of conditions and diseases.
- Help diagnose various conditions, such as anemia, infection, inflammation, bleeding disorder or leukemia.
- Monitor the condition and/or effectiveness of treatment after a diagnosis is established.
- Monitor treatment that is known to affect blood cells, such as chemotherapy or radiation therapy.



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

(THIS LETTER HEAD WILL NOT BE VALID FOR ANY OTHER PURPOSE THAN LABORATORY REPORTING)
PLEASE CORRELATE CLINICALLY. IF RESULTS APPEAR UNEXPECTED, CONTACT IMMEDIATELY FOR REPEAT TEST.



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 09-JAN-2024 02:47 PM

Age : 4 DAYS

Gender : MALE

Lab No : 2930193

Reported : 09-JAN-2024 03:51 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

C. REACTIVE PROTEIN,QUANTITATIVE

: 15.05

MG/L

METHOD : NEPHELOMETRIC ASSAY

BIOLOGICAL REFERENCE :

0 - 10 MG/L

INTERPRETATIONS :

CRP is one of the proteins commonly referred to as the Acute Phase reactants. CRP is distinguished by its rapid response to Infection or trauma. Testing for CRP is indicated in following situations monitoring recovery from Surgery, MI, Organ Transplant, IBD, RA & other Infectious Diseases. CRP in Autoimmune disease may show little or an Increase unless infection is present. Level may not increase in pregnancy, angina, seizures, asthma and Common cold due to viral conditions.

Elevated CRP are associated with Inflammatory Disorders, tissue necrosis or infections & can be used to detect & monitor Septicemia with follow up values to response to therapy.

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

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: DR.SURABHI (1965)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 09-JAN-2024 02:35 PM

Age : 4 DAYS

Gender : MALE

Lab No : 2930194

Reported : 09-JAN-2024 03:24 PM

Doctor Incharge : DR. SRISHTI GOEL, MD, DM.

Room No : NICU BED NO: 32B **Status** : FINAL

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
BLOOD GAS ANALYSIS, ARTERIAL WITH ELECTROLYTES		
pH	: 7.549	7.35-7.45
pCO ₂	: 35.2	mmHg 35-45
pO ₂	: 169.3	mmHg 80-110
Na	: 156.4	mmol/L 135-145
K	: 3.73	mmol/L 3.5-5.0
iCa	: 0.64	mmol/L 1.1-1.3
nCa	: 0.69	mmol/L
tCa	: 1.38	mmol/L
Cl	: 156.8	mmol/L 90.0-110.0
Hct	: 24.5	45-55
BP	: 744.01	mmHg
PH(tc)	: 7.55	
PCO ₂ (tc)	: 35.20	mmHg
P0 ₂ (tc)	: 169.30	mmHg
CALCULATED PARAMETERS		
HCO ₃	: 31.01	mmol/L
TCO ₂	: 32.09	mmol/L
BE _{act}	: 8.43	mmol/L
BE _b	: 8.79	mmol/L
sO ₂	: 99.69	%
P50	: 23.20	mmHg
SBC	: 31.85	mmol/L
A _a DO ₂	: -	mmHg
RI	: -	
AG	: -	mmol/L
tHb	: 8.57	g/dl





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

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Gender : MALE

Lab No : 2930194

Reported : 09-JAN-2024 03:24 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

METHOD : ISE,AMPEROMETRY,REFLECTANCE PHOTOMETRY

INTERPRETATIONS :

Blood gas measurements are used to evaluate a person's lung function and acid/base balance. It may also be ordered when someone is known to have a respiratory, metabolic, or kidney disease and is experiencing respiratory distress. In case of oxygen therapy or (ventilation), blood gases may be measured at intervals to monitor the effectiveness of treatment. Other treatments for lung diseases may also be monitored with blood gases.

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

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: ROSELEEN (0021)

Page 2 of 2



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

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PLEASE CORRELATE CLINICALLY. IF RESULTS APPEAR UNEXPECTED, CONTACT IMMEDIATELY FOR REPEAT TEST.



DEPARTMENT OF LABORATORY

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CR.NO. : 1042742

Collected : 09-JAN-2024 02:35 PM

Age : 4 DAYS

Gender : MALE

Lab No : 2930194

Reported : 09-JAN-2024 03:24 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

pH	: 7.549	7.35-7.45
pCO ₂	: 35.2	mmHg 35-45
pO ₂	: 169.3	mmHg 80-110
Na	: 156.4	mmol/L 135-145
K	: 3.73	mmol/L 3.5-5.0
iCa	: 0.64	mmol/L 1.1-1.3
nCa	: 0.69	mmol/L
tCa	: 1.38	mmol/L
Cl	: 156.8	mmol/L 90.0-110.0
Hct	: 24.5	45-55
BP	: 744.01	mmHg
PH(tc)	: 7.55	
PCO ₂ (tc)	: 35.20	mmHg
P0 ₂ (tc)	: 169.30	mmHg
CALCULATED PARAMETERS		
HCO ₃	: 31.01	mmol/L
TCO ₂	: 32.09	mmol/L
BE _{ect}	: 8.43	mmol/L
BE _b	: 8.79	mmol/L
sO ₂	: 99.69	%
P50	: 23.20	mmHg
SBC	: 31.85	mmol/L
A _a DO ₂	: -	mmHg
RI	: -	
AG	: -	mmol/L
tHb	: 8.57	g/dl





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 09-JAN-2024 02.35 PM

Age : 4 DAYS

Gender : MALE

Lab No : 2930194

Reported : 09-JAN-2024 03:24 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

METHOD : ISE,AMPEROMETRY,REFLECTANCE PHOTOMETRY

INTERPRETATIONS :

Blood gas measurements are used to evaluate a person's lung function and acid/base balance. It may also be ordered when someone is known to have a respiratory, metabolic, or kidney disease and is experiencing respiratory distress. In case of oxygen therapy or (ventilation), blood gases may be measured at intervals to monitor the effectiveness of treatment. Other treatments for lung diseases may also be monitored with blood gases.

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

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: ROSELEEN (0021)





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 09-JAN-2024 12.30 AM

Age : 4 DAYS

Gender : MALE

Lab No : 2929806

Reported : 09-JAN-2024 06:02 AM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

ABO GROUP

: B

Rh FACTOR

: POSITIVE

METHOD : AGGLUTINATION TECHNOLOGY.

INTERPRETATIONS : Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

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

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)

Page 1 of 1



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

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PLEASE CORRELATE CLINICALLY. IF RESULTS APPEAR UNEXPECTED, CONTACT IMMEDIATELY FOR REPEAT TEST.

**DEPARTMENT OF LABORATORY****REPORTS****Patient Name** : B/O KANCHAN**CR.NO.** : 1042742**Collected** : 08-JAN-2024 03:12 PM**Age** : 3 DAYS**Gender** : MALE**Lab No** : 2929642**Reported** : 08-JAN-2024 03:53 PM**Doctor Incharge** : DR.SRISHTI GOEL,MD,DM.**Room No** : NICU BED NO: 32B **Status** : FINAL**TEST****OBSERVED VALUE****BIOLOGICAL REFERENCE****SEPTIC SCREEN ANALYSIS****RBC**: MACROCYTIC,
POLYCHROMASIA**NUCLEATED RBC**

: NIL

WBC

: 7400 /Cu mm

CORRECTED WBC ON SMEAR

: SAME

POLY+BANDS

: 31+08 %

IMMATURE CELLS

: 08 %

OTHERS

: 53

PLATELETS

: ADEQUATE

COUNTS

: 251000 /Cu mm

ANALYSIS

:

ANC

: 2146 /Cu mm

CRP

: 5.93 mg/l

IMMATURE CELLS:TOTAL RATIO

: 0.34

I.T. RATIO

: SIGNIFICANT

IMPRESSION: NEGATIVE SEPSIS
SCREEN.**ADVISED**: CLINICAL
CORRELATION.**INTERPRETATIONS :**

Septic screen is a panel of hematology/biochemical tests (including total leukocyte counts, C-Reactive protein, absolute neutrophil counts, and immature-to-mature neutrophil ratio) which helps in increasing or decreasing the clinical probability of Neonatal sepsis.

To increase the accuracy, result of septic screen should be used in association with clinical condition of the baby and associated risk factors.





DEPARTMENT OF LABORATORY

REPORTS

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CR.NO. : 1042742

Collected : 08-JAN-2024 03:12 PM

Age : 3 DAYS

Gender : MALE

Lab No : 2929642

Reported : 08-JAN-2024 03:53 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCE

COMPLETE BLOOD COUNT,CBC :

Hb	: 17.6	GM/DL	12.0 - 16.0
WBC COUNT :	:		
TLC	: 7400	/Cu mm	4000-11000
DIFFERENTIAL COUNT :	:		
LYM	: 52.3	%	20.0 - 40.0
MID	: 8.8	%	3.0 - 9.0
GRAN	: 38.9	%	50.0 - 70.0
RBC INDICES :	:		
RBC	: 4.38	ul	3.5 - 5.5
HCT	: 48.9	%	37.0 - 50.0
MCV	: 111.6	fL	82.0 - 95.0
MCH	: 40.2	pg	27.0 - 31.0
MCHC	: 36.0	g/dl	32.0 - 36.0
PLATLET INDICES :	:		
PLT	: 251000	/Cu mm	150000 - 450000

The complete blood count,CBC is often used as a broad screening test that evaluates the three types of cells that circulate in the blood & helps to determine an individual's general health status. It can be used to :

- Screen for a wide range of conditions and diseases.
- Help diagnose various conditions, such as anemia, infection, inflammation, bleeding disorder or leukemia.
- Monitor the condition and/or effectiveness of treatment after a diagnosis is established.
- Monitor treatment that is known to affect blood cells, such as chemotherapy or radiation therapy.





DEPARTMENT OF LABORATORY

REPORTS

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CR.NO. : 1042742

Collected : 08-JAN-2024 03:12 PM

Age : 3 DAYS Gender : MALE

Lab No : 2929642

Reported : 08-JAN-2024 03:53 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCE

C. REACTIVE PROTEIN,QUANTITATIVE : 5.93 MG/L

METHOD : NEPHELOMETRIC ASSAY

BIOLOGICAL REFERENCE :

0 - 10 MG/L

INTERPRETATIONS :

CRP is one of the proteins commonly referred to as the Acute Phase reactants. CRP is distinguished by its rapid response to Infection or trauma. Testing for CRP is indicated in following situations monitoring recovery from Surgery, MI, Organ Transplant, IBD, RA & other Infectious Diseases. CRP in Autoimmune disease may show little or an Increase unless infection is present. Level may not increase in pregnancy, angina, seizures, asthma and Common cold due to viral conditions.

Elevated CRP are associated with Inflammatory Disorders, tissue necrosis or infections & can be used to detect & monitor Septicemia with follow up values to response to therapy.

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

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: DR.SURABHI (1965)

Page 3 of 3



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

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PLEASE CORRELATE CLINICALLY. IF RESULTS APPEAR UNEXPECTED, CONTACT IMMEDIATELY FOR REPEAT TEST.



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 05-JAN-2024 06:05 PM

Age : 0 Days

Gender : MALE

Lab No : 2928234

Reported : 05-JAN-2024 07:26 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : INTERIM

TESTOBSERVED VALUEBIOLOGICAL REFERENCE

COMPLETE BLOOD COUNT,CBC :

Hb

: 20.1

GM/DL 12.0 - 16.0

WBC COUNT :

TLC

: 11400

/Cu mm 4000-11000

DIFFERENTIAL COUNT :

LYM

: 35.0

% 20.0 - 40.0

MID

: 8.80

% 3.0 - 9.0

GRAN

: 56.2

% 50.0 - 70.0

RBC INDICES :

RBC

: 5.03

ul 3.5 - 5.5

HCT

: 57.0

% 37.0 - 50.0

MCV

: 113.3

fL 82.0 - 95.0

MCH

: 39.9

pg 27.0 - 31.0

MCHC

: 35.2

g/dl 32.0 - 36.0

PLATLET INDICES :

PLT

: 175000

/Cu mm 150000 - 450000

The complete blood count,CBC is often used as a broad screening test that evaluates the three types of cells that circulate in the blood & helps to determine an individual's general health status. It can be used to :

- Screen for a wide range of conditions and diseases.
- Help diagnose various conditions, such as anemia, infection, inflammation, bleeding disorder or leukemia.
- Monitor the condition and/or effectiveness of treatment after a diagnosis is established.
- Monitor treatment that is known to affect blood cells, such as chemotherapy or radiation therapy.

C. REACTIVE PROTEIN,QUANTITATIVE

: 13.83

MG/L

METHOD : NEPHELOMETRIC ASSAY



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 05-JAN-2024 06:05 PM

Age : 0 Days

Gender : MALE

Lab No : 2928234

Reported : 05-JAN-2024 07:26 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : INTERIM

TESTOBSERVED VALUEBIOLOGICAL REFERENCEBIOLOGICAL REFERENCE :
0 - 10 MG/L

INTERPRETATIONS :

CRP is one of the proteins commonly referred to as the Acute Phase reactants. CRP is distinguished by its rapid response to Infection or trauma. Testing for CRP is indicated in following situations monitoring recovery from Surgery, MI, Organ Transplant, IBD, RA & other Infectious Diseases. CRP in Autoimmune disease may show little or an Increase unless infection is present. Level may not increase in pregnancy, angina, seizures, asthma and Common cold due to viral conditions. Elevated CRP are associated with Inflammatory Disorders, tissue necrosis or infections & can be used to detect & monitor Septicemia with follow up values to response to therapy.

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

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: BALWINDER SINGH (1874)



**DEPARTMENT OF LABORATORY****REPORTS****Patient Name** : B/O KANCHAN**CR.NO.** : 1042742**Collected** : 05-JAN-2024 06:04 PM**Age** : 0 Days**Gender** : MALE**Lab No** : 2928233**Reported** : 05-JAN-2024 06:40 PM**Doctor Incharge** : DR. SRISHTI GOEL, MD, DM.**Room No** : NICU BED NO: 32B **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
<u>BLOOD GAS ANALYSIS, ARTERIAL WITH ELECTROLYTES</u>		
pH	: 7.323	7.35-7.45
pCO ₂	: 55.4	mmHg 35-45
pO ₂	: 30.8	mmHg 80-110
Na	: 137.1	mmol/L 135-145
K	: 5.07	mmol/L 3.5-5.0
iCa	: 0.98	mmol/L 1.1-1.3
nCa	: 0.94	mmol/L
tCa	: 1.88	mmol/L
Cl	: 92.6	mmol/L 90.0-110.0
Hct	: >65	45-55
BP	: 740.97	mmHg
PH(tc)	: 7.32	
PCO ₂ (tc)	: 55.40	mmHg
PO ₂ (tc)	: 30.80	mmHg
<u>CALCULATED PARAMETERS</u>		
HCO ₃	: 29.01	mmol/L
TCO ₂	: 30.71	mmol/L
BEact	: 2.76	mmol/L
BEb	: -	mmol/L
sO ₂	: 52.66	%
P50	: 29.60	mmHg
SBC	: -	mmol/L
A _a DO ₂	: 48.60	mmHg
RI	: 1.58	
AG	: 15.9	mmol/L
tHb	: -	g/dl





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O KANCHAN

CR.NO. : 1042742

Collected : 05-JAN-2024 06:04 PM

Age : 0 Days

Gender : MALE

Lab No : 2928233

Reported : 05-JAN-2024 06:40 PM

Doctor Incharge : DR.SRISHTI GOEL,MD,DM.

Room No : NICU BED NO: 32B Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

METHOD : ISE,AMPEROMETRY,REFLECTANCE PHOTOMETRY

INTERPRETATIONS :

Blood gas measurements are used to evaluate a person's lung function and acid/base balance. It may also be ordered when someone is known to have a respiratory, metabolic, or kidney disease and is experiencing respiratory distress. In case of oxygen therapy or (ventilation), blood gases may be measured at intervals to monitor the effectiveness of treatment. Other treatments for lung diseases may also be monitored with blood gases.

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

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: NATHANIAL MASIHI (1534)

Page 2 of 2



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

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PLEASE CORRELATE CLINICALLY. IF RESULTS APPEAR UNEXPECTED, CONTACT IMMEDIATELY FOR REPEAT TEST.

दिनांक ॥

मैं मुमेश १० मंगलाराम निवासी गाँव नौखा चंदावता,
जिला भागीरथ राजस्थान का रहने वाला हूँ, सर आपसे
अविनय निवेदन यह है की मेरा बच्चा बहुत बिराह है
सर मेरी पत्नी की डिल्लीबरी ४ वें महीने में हो गई है।
इसलिए बच्चा बहुत बिराह है उसे बहुत ज्यादा इन्फेक्शन
हुई है डोजल सहित जा रहे हैं की आपके बच्चे का इलाज
लम्बा चलेगा लेकिन सर मैं बहुत गरीब घर में हूँ
मेरे इलाज करने में पैसे कम हैं सर मैं पास पैसे की
बहुत परेशानी है इसलिए सर मैं आपसे मदद की माँग
कर रहा हूँ सर प्लीज मेरी मदद करें, सर आपकी
बहुत बेहदवानी होगी। डोजल २ से २.५ लाख रु.
माँगे रहे हैं, और मैं इतने पैसे देने में असफल हूँ।
सर प्लीज मेरी मदद करें

मुमेश



भारत सरकार
Government of India



Mukesh
Date of Birth/DOB: 01/01/2000
Male/ MALE

6501 5310

VID : 9105 8151 0141 8115

मेरा आधार, मेरी पहचान

Issue Date: 20/07/2018



भारतीय विशिष्ट पहचान प्राधिकरण

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मेरा आधार, मेरी पहचान



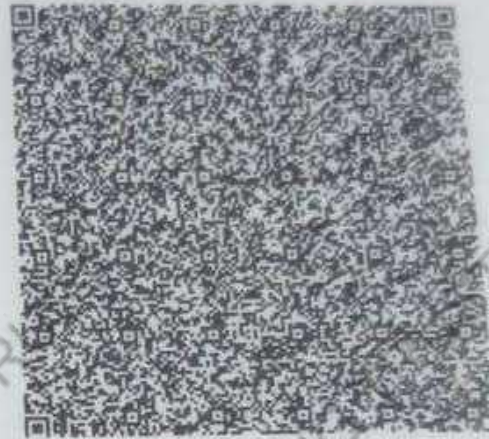
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