URGENT HELP TO NEEDED TO GET A HEALTHY LIFE

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BABY OF SANDEEP KAUR

LIFELINE ADVANCED NEONATAL CENTRE

63 & 64, Waryam Nagar, Cool Road, Jalandhar-144001 (Punjab), India
Ph: +91-181-4681100, 4681200 Fax: 2464666

UROLOGY & TRANSPLANT SURGERY
Dr. R. S. CHAHAL
M.S., M.Ch. (Urology)
Regn. No. 17955 (Punjab)
Dr. ATUL KHULLAR
M.S., M.Ch. (Urology)
Regn. No. 38024 (Punjab)
Dr. DAMANBIR SINGH CHAHAL
M.S., M.Ch. (Urology)
Regn. No. 50570 (Punjab)
Dr. RAVI ANGRAL
M.S. PGI (Chd.)
Chief Transplant Surgeon
Regn. No. 37460 (Punjab)

ANAESTHESIOLOGY
Dr. RUPINDER KAUR
M.D.
Regn. No. 19574 (Punjab)
Dr. AMBIKESH KUMAR
M.D.
Regn. No. 50431 (PMC)

NEPHROLOGY
Dr. Rahul Sood
D.M. (Nephrology)
Regn. No. 34426 (PMC)

GENERAL MEDICINE
Dr. B. S. WALIA
M.D.
Regn. No. 17561 (Punjab)

GASTROENTEROLOGY & HEPATOLOGY
Dr GAURAV KAPUR
MD, DM (Gastroenterology)
Regn. No. 37734 (PMC)

NEONATOLOGY & PAEDIATRICS
Dr. PRABAKARAN G
M.B.B.S., M.D. (Pediatrics)
D.M., (Neonatology)
Regn. No. 125688 (TNMC)

NEONATAL & PAEDIATRIC SURGERY
Dr. DEVENDRA PANWAR
M.S., M.Ch. (Paediatric Surgery)
Regn. No. 35118 (Punjab)

GENERAL & LAPAROSCOPIC SURGERY
Dr. RAJNISH SHARMA
M.S.
Regn. No. 27524 (Punjab)

CARDIOLOGY
Dr. SUMEET DAVID
M.D. Medicine, D.M.(Cardiology)
Regn. No. 34615 (PMC)

NEUROLOGY
Dr. ABHINAV ANKUR
Nerulogist
DM (Neurology)
Regn. No. 102506 (DMC)

ORTHOPAEDICS
Dr. HARPREET SINGH
MS, M.Ch (Ortho)
Regn. No. 40071 (PMC)

CHEST SPECIALIST (PULONOLOGIST)
Dr. SANDEEP SONI
M.D.
Regn. No. 43494 (Punjab)

RADIOLOGY
Dr. GEETIKA S. CHAHAL
M.D. (Radiology)
Regn. No. 34146

PATHOLOGY & TRANSFUSION MEDICINE
Dr. SURABHI
M.D. (Path.)
Regn. No. 46811 (Punjab)

Date: 14/Aug/2025
Name: B/o Sandeep Kaur
Weight: 1370 gm
OFC:

Dr. PRABAKARAN G
M.B.B.S., M.D. (Pediatrics)
D.M., (Neonatology)
Regn. No. 125688 (TNMC)

CASE SUMMARY(13-08-2025)

Patient name	B/0 SANDEEP KAUR	**CRNO**	1061459
Date of birth	30-07-2025	**Sex**	MALE
Date of Admission	30-07-2025	**Admission weight**	1370 gm

SINGLETON/MODERATE PRETERM/33 WEEKS/1370GM/MALE/VLBW/RESPIRATORY DISTRESS SYNDROME/SEPSIS/NNH

Baby was delivered at private hospital,Jalandhar.baby was referred at 1 hour of life to our hospital i.e **KIDNEY HOSPITAL AND LIFELINE MEDICAL INSTITUTIONS(NICU)** in view of severe difficulty in breathing requiring ventilator support.

Father is a **labourer** currently residing in Jalandhar,Punjab.The family is very poor and works as a daily wager to earn a living.The family has mortagaged whatever property,jewelry they had for the baby's treatment.Mother had history of seizures for which she is on treatment.Due to health related issues this was the last chance of conception for the parents.

The baby is on **ventilator support,IV antibiotics and OG feeds** and requires a further hospital stay of 3-4 weeks.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:-3-4weeks
. Approximate expenditure :-2-2.5 lakh

Kidney Hospital & Lifeline Medical Institutions
PMF Trust
63 & 64, Waryam Nagar, Cool Road, Jalandhar 144 001 (Punjab), India
Ph: +91-181-4681100, 4681200 Fax: 2464666

DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O SANDEEP KAUR
Age : 4 DAYS **Gender** : MALE
Doctor Incharge : DR.PRABAKARAN.G,MD,DM

CR.NO. : 1061459
Lab No : 3287260
Room No : NICU BED NO: 31C

Collected : 03-AUG-2025 08.00 AM
Reported : 03-AUG-2025 09:25 AM
Status : FINAL

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
SEPTIC SCREEN ANALYSIS		
RBC	: MACROCYTES	
NUCLEATED RBC	: NIL	
WBC	: 5570	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 56+09	%
IMMATURE CELLS	: 02	%
LYMPHOCYTES	: 31	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 166000	/Cu mm
ANALYSIS	:	
ANC	: 3620	/Cu mm
C. REACTIVE PROTEIN,QUANTITATIVE	: 4.78	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	: 0.16	
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.

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Doctor Incharge : DR.PRABAKARAN.G,MD,DM **Room No** : NICU BED NO: 31C **Status** : FINAL

TEST	OBSERVED VALUE		BIOLOGICAL REFERENCE
COMPLETE BLOOD COUNT,CBC :	:		
Hb	: 18.7	GM/DL	12.0 - 16.0
WBC COUNT :	:		
TLC	: 5570	/Cu mm	4000-11000
DIFFERENTIAL COUNT :	:		
NEUTROPHIL	: 65.0	%	40.0 - 75.0
LYMPHOCYTE	: 31.0	%	15.0 - 45.0
MONOCYTE	: 3.0	%	4.0 - 13.0
EOSINOPHIL	: 1.0	%	0.5 - 7.0
BASOPHIL	: 0.0	%	0.0 - 2.0
RBC INDICES	:		
RBC	: 4.55	ul	3.9 - 5.8
HCT	: 48.1	%	35.0 - 49.0
MCV	: 105.8	fL	75.0 - 97.0
MCH	: 41.0	pg	26.5 - 33.0
MCHC	: 38.8	g/dL	32.0 - 36.0
RDW-CV	: 19.3	%	12.0 - 18.0
RDW-SD	: 75.8	fL	37.0 - 56.0
PLATLET INDICES	:		
PLT	: 166000	/Cu mm	150000 - 450000
MPV	: 9.1	fL	7.4 - 11.0
PCT	: 0.151	%	0.150-0.400
PDW	: 16.1	fL	11.0 - 20.0

METHOD : PHOTOMETRY,ELECTRICAL IMPEDANCE,OPTICAL/IMPEDANCE & CALCULATED

SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

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Age : 4 DAYS **Gender** : MALE
Doctor Incharge : DR.PRABAKARAN.G,MD,DM

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Lab No : 3287260
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TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE

INTERPRETATIONS :
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	:	4.78	mg/L

METHOD : NEPHELOMETRIC ASSAY

BIOLOGICAL REFERENCE :
0 - 6 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: NAVEEN KUMAR (1210)

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NUCLEATED RBC	:	
WBC	:	/Cu mm
CORRECTED WBC ON SMEAR	:	
NEUTROPHILS+BANDS	:	%
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PLATELET COUNTS	:	/Cu mm
ANALYSIS	:	
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