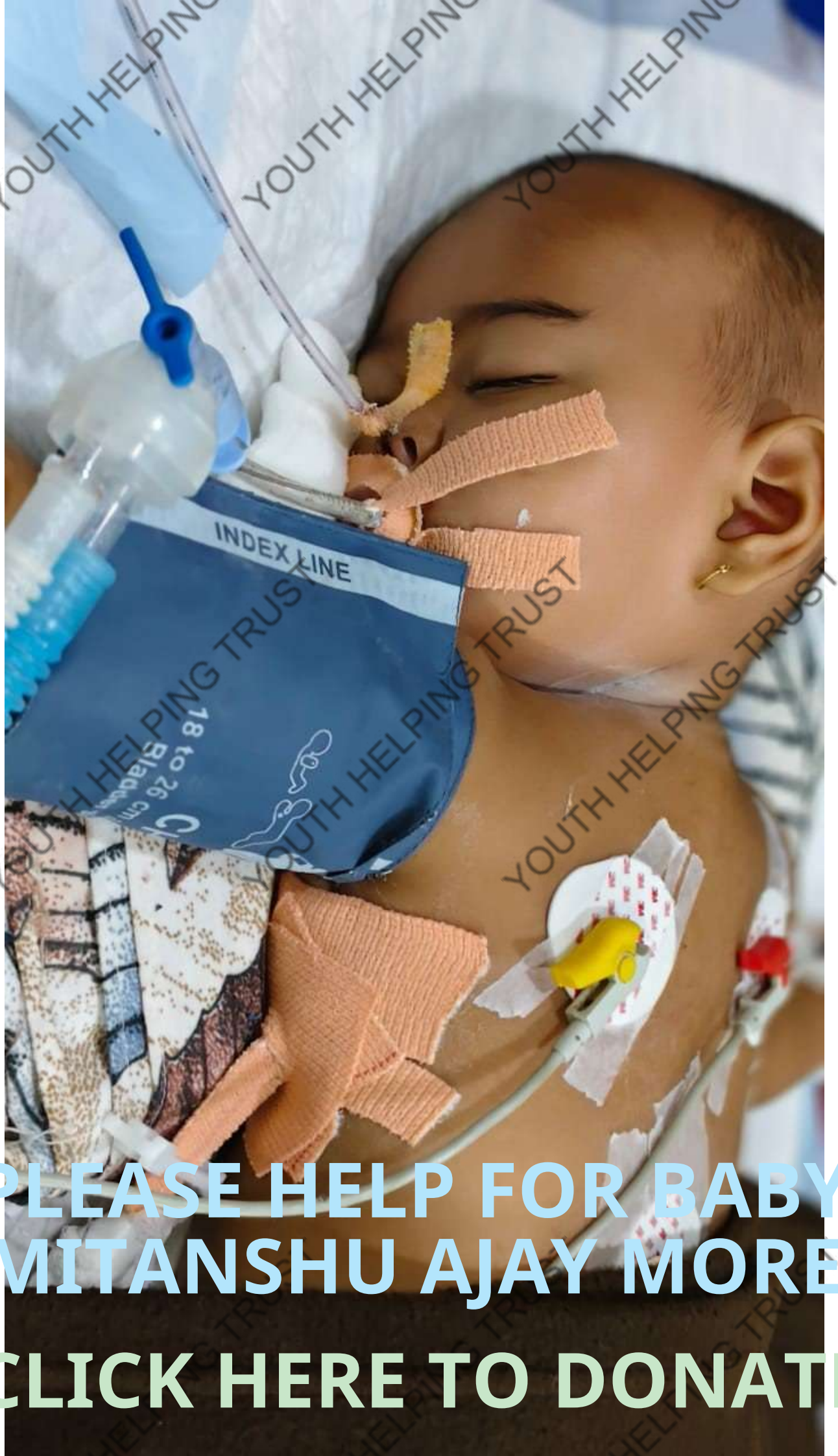
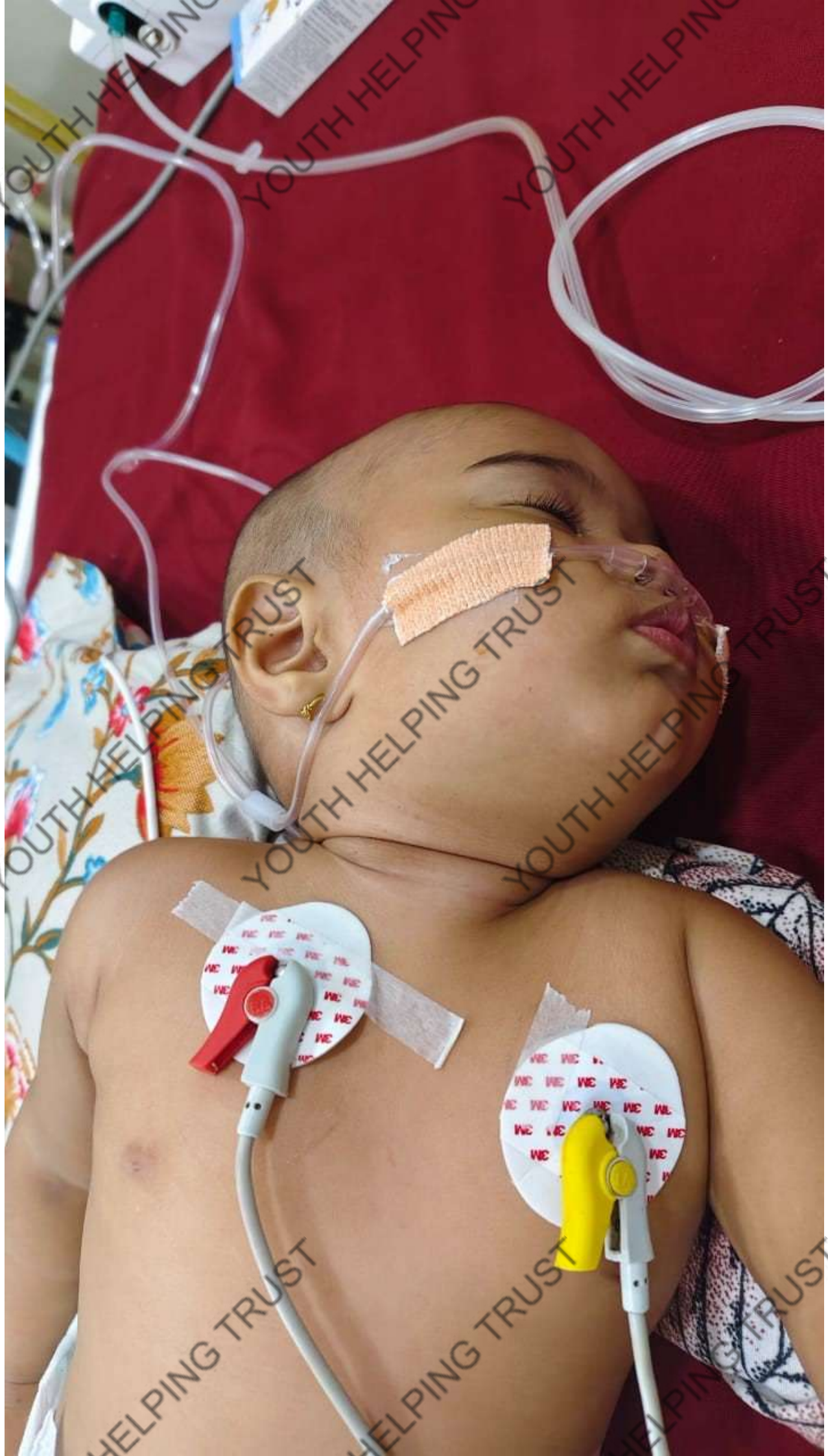


PLEASE HELP FOR BABY MITANSHU AJAY MORE

CLICK HERE TO DONATE



NCH Kid's Hospital

302, Jivandeep complex, Unapani road, Lal Darwaja, Surat, Gujarat, India

PIN: 395003 | CONTACT NO: 8980243888

DUE BILL

PATIENT NAME:	MITANSHU AJAY MORE	**BILL NO:**	-
AGE/GENDER:	10 MONTH / M	**BILL DATE:**	---
UHID:	N710	**IPD NO:**	N337
WARD	PICU	**ADMITTED DATE:**	18/08/2025 04:25 PM
CATEGORY:			
ADDRESS:	36, SHANRI NAGAR-1 NILGIRI UDHANA SURAT		

NO	PARTICULARS	AMOUNT
1	MISCELLANEOUS	4,000.00
2	ROOM CHARGE	71,600.00
3	DOCTOR VISIT CHARGE	59,500.00
4	NURSING CHARGE	47,400.00
5	ADMISSION CHARGE	700.00
6	INDOOR PROCEDURE CHARGE	178,200.00
TOTAL AMOUNT(₹)		**361,400.00**
DEPOSIT AMOUNT(₹)		**259,500.00**
NET PAYABLE AMOUNT(₹)		**101,900.00**

THE TOTAL BILL AMOUNT IS . ₹ 361,400.00
(₹) THREE LAKH SIXTY ONE THOUSAND FOUR HUNDRED ONLY
Subject to SURAT Jurisdiction
Payment by cheque subject to Realization

NCH KIDS HOSPITAL

NCH KID'S HOSPITAL
Neonatal and Child Healthcare

Dr. Piyush Bhuva
MBBS, DCH (Pediatrics)
Pediatric Intensivist

302, 3rd Floor, Jivandeep Complex, Near Lal Darwaja, Unapani Road, Surat. M. 89802 43888
E-mail : nchkidshospital@gmail.com

Summary

2/9/2025
12:05 pm

Name : Mitenshu Ajay More
Age : 9 month / male
DOA : 18/8/2025 Till Now

Dxis : Severe Viral Pneumonia (RSV + FluA) c̄ Severe ARDS
c̄ B/L Pneumothorax

Summary : Mitenshu 9 month old male child came c̄ complaint of coughing × 10 day @ cold fever × 5-6 days, excessive cry since last 2 day for above complaint child was admitted in Yashvi hospital then child developed respiratory distress and persistent coughing hence referred to NCH Kid's Hospital for ther. in NCH Kid's Hospital child admitted to PICU initially kept on O₂ by NP. But distress persistent CXR show B/L Patchy shadow which s/o viral etiology hence respiratory panel has been sent which show RSV @ FluA hence treatment started according i/v/o Respi. distress child put on High Flow Nasal Cannula c̄ High PEEP but after 2 days distress persistent and i/v/o respiratory failure and ABG s/o worsening acidosis intubated required High PIP @ PEEP Repeat CXR s/o ARDS. hence continue ventilated Inj Interferon via Neb. Fluvir (oral) Antibiotic given But continue require high pressure for maintain SPO₂ >85 8 day after ventilating Repeat CXR done which show B/L Pneumothorax hence B/L ICD inserted currently child is on venti support

Maintain SPO₂ - 90-94%

- PEEP - 8
- FiO₂ - 40%
- RR - 40
- Tidal vol. - 50

O/E
HR - 140
RR - Intubated
SPO₂ - 91%
CRT - 3-4 sec

BP - 90/56
Urine output Adeq.
P/A B/L crepts (R)(L)

Dr Piyush B Bhuva
MBBS,DCH
Reg no G-66467

Patient Name : MITANSHU AJAY MORE	Age/Sex : 9 MONTHS / MALE
Referred By : DR. NCH KIDS HOSPITAL	Date : 01/09/2025

128 SLICE HRCT CHEST (LOW DOSE PROTOCOL)

A plain high resolution and multiplanar CT of the chest was performed.

Clinical profile: C/o Cough and breathlessness

Findings:

Lines/Tubes/Devices

- **Endotracheal tube:** In situ.
- **Bilateral Intercostal drainage (ICD) tubes in situ.**
- **Ryle's (nasogastric) tube: In situ.**

Lungs & Airways

- **Parenchyma:** Multifocal air-space consolidations in both lungs, more pronounced in both lower lobes. Pattern and distribution are compatible with acute respiratory distress syndrome (ARDS) in the appropriate clinical context, possibly secondary to infection or inflammation.
- **Bronchiolitis pattern:** Subtle, widespread bronchocentric centrilobular nodules in both lungs—likely inflammatory/infectious bronchiolitis.
- **Air-leak within lung:** Interstitial pulmonary emphysema (PIE) involving the right middle lobe.
- **Large airways:** No focal endobronchial obstruction identified on provided description; assessment limited by ventilation-related motion.

Pleura

- **Pneumothorax:** Mild bilateral pneumothorax. No tension features described on the provided images.
- **Pleural fluid:** Not specifically visualized in the provided findings.

Mediastinum

- **Pneumomediastinum:** Mild pneumomediastinum present.
- Cardiomediastinal contours otherwise not specifically evaluated here; vascular structures not assessed (non-contrast HRCT).

Chest Wall & Soft Tissues

Dr. Ashwin Patel
M.D. (Consultant Radiologist)
MSK & Chest fellow, Jankharia & Nanavati Hospital
Neuro and Body/Oncoimaging fellow, USA.

Dr. Mitesh Desai
MD (Radiodiagnosis)
Consultant Radiologist

Dr. Aashik Sikaria (Agarwal)
Consultant Radiologist
M.D. Radiodiagnosis, FMF
Fellowship in Fetal Medicine (Mumbai)

Ground floor, Rexona, Opp. Ayush/Param Doctor House, Lal Darwaja, Station, Surat. futureimaging24@gmail.com (+91) 900 900 22 45 / 900 900 75 68

Thanks for your reference

Patient Name : MITANSHU AJAY MORE	Age/Sex : 9 MONTHS / MALE
Referred By : DR. NCH KIDS HOSPITAL	Date : 01/09/2025

- Diffuse, moderate subcutaneous edema involving chest and abdominal wall (anasarca pattern).

Upper Abdomen (limited field of view)

- **Peritoneal fat:** Mild omental and mesenteric fat stranding, which can be reactive/edematous in critically ill/ventilated infants
- Solid organs not assessed on this limited chest study.

IMPRESSION

CT Findings represent:

- ✓ Multifocal bilateral consolidations in the both lungs, showing lower-lobe predominant, Suggest **Acute lung injury pattern compatible with ARDS** —**likely infectious/inflammatory** etiology in the current setting.
- ✓ **Interstitial pulmonary emphysema** in the right middle lobe and **Mild pneumomediastinum**, possibly Air-leak syndrome spectrum in the context of high-pressure ventilation
- ✓ **Mild bilateral pneumothorax** with **bilateral ICDs in situ**.
- ✓ Subtle widespread bronchocentric nodules in the both lungs consistent with **inflammatory/infectious bronchiolitis**.
- ✓ **Diffuse moderate subcutaneous edema** of chest/abdominal wall (anasarca)
- ✓ **Mild omental/mesenteric fat stranding**—nonspecific; may reflect critical illness, fluid overload, or hypoalbuminemia—correlate clinically.

Further microbiological workup to look for exact etiology of the ARDS /follow up imaging is recommended.

Dr. Ashwin Patel
M.D. (Consultant Radiologist)
MSK & Chest fellow, Jankharia & Nanavati Hospital
Neuro and Body/Oncoimaging fellow, USA.

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Thanks for your reference

Nobel Micropath LABORATORY
QUICK RELIABLE ACCURATE

TEST REPORT

Registration No	: **508103413**		
Name	: **Mr. MITANSHU AJAY MORE**	**Sample Collection Time**	: 19-Aug-2025 01:07 PM
Sex/Age	: **Male / 9 Months**	**Sample Receiving Time**	: 19-Aug-2025 01:08 PM
Ref. By	: NCH KID'S HOSPITAL	**Sample Report Time**	: 19-Aug-2025 02:18 PM
Client Name	:	**Sample Type**	: Nasopharyngeal Swab
Location	:		

Parameter	Result	Unit	Biological Ref. Interval

Cartridge Based Nucleic Acid Amplification Testing (GeneXpert)

Test	Xpert Xpress SARS-CoV-2/Flu/RSV plus assay
Specimen	Nasopharyngeal swab
SARS-CoV 2	Negative
Result	
Flu A	**Positive**
Flu B	Negative
RSV	**Positive**

Note:
1. The Xpert Xpress CoV-2/Flu/RSV *plus* Assay is an automated in vitro diagnostic test for qualitative detection of SARS-CoV-2, influenza A, influenza B and RSV viral RNA. The assay is performed on Cepheid GeneXpert Instrument Systems.
2. Although this test has been shown to detect A/H1N1, A/H7N9 and A?H3N2v viruses cultured from positive human respiratory specimens, the performance characteristics of this device with clinical specimens that are positive for the A/H1N1, A/H7N9 and A/H3N2v viruses have not been established.
3. This test is not intended to differentiate Influenza A subtypes or Influenza B lineages. If differentiation of specific influenza subtypes and strains is needed, additional testing, in consultation with state or local public health departments, is required.
4. Results must be interpreted in conjunction with other clinical &/or laboratory findings.

---------- End Of Report ----------

Note: (L-Low, H-High)

DR.MANALI KEDIA
M.D. Clinical Microbiology

Dr.Reena Savaj
M.D. Pathology

602-604, 6th Floor, Rhythm House,
B/s. Venus Hospital, Ring Road, Lal Darwaja, Surat-395003
Email : info@nobelmicropathlab.com
Mob.: +91-63529 34488 / 0261-2992528
24 x 7 FOR HEALTHY COMMUNITY
Web. : www.nobelmicropath.com
Owned by : Nobel Micropath Lab & Research Centre Pvt. Ltd.
A Superspeciality Reference Laboratory

Test Report

Patient ID: MITANSHU AJAY MORE 9M-M
Sample ID*: 508103413
Test Type: Specimen
Sample Type: NPS

Assay Information

Assay	Assay Version	Assay Type
Xpress SARS-CoV-2_Flu_RSV plus	1	In Vitro Diagnostic

Test Result:
SARS-CoV-2 NEGATIVE;
Flu A POSITIVE;
Flu B NEGATIVE;
RSV POSITIVE

Analyte Result

Analyte Name	Ct	EndPt	Analyte Result	Probe Check Result
SARS-CoV-2	0.0	1	NEG	PASS
Flu A 1	33.6	270	POS	PASS
Flu A 2	0.0	39	NEG	PASS
Flu B	0.0	-9	NEG	PASS
RSV	28.1	475	POS	PASS
SPC	30.7	118	NA	PASS

User: genexpert
Status: Done
Expiration Date*: 12/07/26
S/W Version: 6.4
Cartridge S/N*: 299244706
Reagent Lot ID*: 32214
Notes:

Start Time: 19/08/25 12:57:16 PM
End Time: 19/08/25 1:34:39 PM
Instrument S/N: 110000827
Module S/N: 655466
Module Name: B1

For In Vitro Diagnostic Use Only.
For use under the Emergency Use Authorization (US).
Test Methodology: RT-PCR

Dr. Bharat Tandel MD Pathology | Dr. Hiren Dhanani MD Pathology | Dr. Devang I. Patel MD Pathology
Dr. Ricky Sarvan MD. Microbiology | Mr. Jaysukh Kothia M.Sc. (Micro.) (DMLT) | Dr. Poojaba Jadeja MD Pathology
Dr. N. D. Jivani MD. Path. & Bact.

sterling ACCURIS
Pathology lab that cares

Passport No :

LABORATORY TEST REPORT

Patient Information		Sample Information		Client/Location Information	
Name : **Mr Mitanshu Ajay More**		**Lab Id** : **082518900296**		Client Name : Arogyam Clinical Laboratory PSC@Surat	
Sex/Age : **Male / 9 M 23 D**		Registration on : 18-Aug-2025 17:48		Location :	
Ref. Id :		Collected at : non SAWPL		Approved on : 18-Aug-2025 18:50	Status : Final
Ref. By : NCH Kid's Hospital MBBS DCH		Collected on : 18-Aug-2025 17:48		Printed On : 18-Aug-2025 18:50	
		Sample Type : EDTA blood		Process At : 152. Lab SAWPL Gujarat Surat Lal Darwaja Road	

Complete Blood Count

Test		Result	Unit	Biological Ref. Interval
HB and Indices				
Hemoglobin	L	**9.7**	**g/dL**	10.1 - 12.5
RBC Count		4.30	million/cmm	4.03 - 5.07
Hematocrit		30.8	%	30.8 - 37.8
MCV		71.5	fL	69.5 - 81.7
MCH	L	**22.4**	**pg**	26 - 29
MCHC	L	**31.4**	**g/dL**	33.6 - 35.2
RDW CV	H	**15.80**	**%**	12.9 - 15.6
RDW-SD	L	**40.60**	**fL**	41.8 - 51.08
Total WBC Count				
WBC count	L	**3510**	**/cmm**	6000 - 13500
Platelet Count				
Platelet Count	L	**180000**	**/cmm**	200000 - 550000
MPV		9.50	fL	7.5 - 10.3
PDW		16.30	fL	8.3 - 25.0
Plateletcrit		0.17		0.108 - 0.282
P-LCC		50	/cmm	40 - 110
P-LCR		27.70	%	15 - 35
Differential Count				
Band Cells		0.0	%	0 - 6
Neutrophils		49.4	%	22.7 - 69.2
Lymphocytes		45.6	%	15 - 67
Eosinophils	L	**0**	**%**	1 - 5
Monocytes		4.7	%	4 - 10
Basophils		0.3	%	0 - 1
Neutrophil Lymphocyte Ratio				
NLR		1.08		1 - 3

This is an Electronically Authenticated Report.

Mr. Jaysukh D. Kothia
Msc. (Micro) D.M.L.T.

Dr. Hiren J. Dhanani
M.D, Path [G-12367]

201, Ayush Doctor House , Laldarwaja Station Road Surat Ph: 0261-2451041/42 - 8866082555 E-mail : info.arogyam@sterlingaccuris.com,

Dr. Bharat Tandel MD Pathology | Dr. Hiren Dhanani MD Pathology | Dr. Devang I. Patel MD Pathology
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Dr. N. D. Jivani MD. Path. & Bact.

sterling ACCURIS
Pathology lab that cares

Passport No :

LABORATORY TEST REPORT

Patient Information		Sample Information		Client/Location Information	
Name : **Mr Mitanshu Ajay More**		**Lab Id** : **082518900296**		Client Name : Arogyam Clinical Laboratory PSC@Surat	
Sex/Age : **Male / 9 M 23 D**		Registration on : 18-Aug-2025 17:48		Location :	
Ref. Id :		Collected at : non SAWPL		Approved on : 18-Aug-2025 18:50	Status : Final
Ref. By : NCH Kid's Hospital MBBS DCH		Collected on : 18-Aug-2025 17:48		Printed On : 18-Aug-2025 18:50	
		Sample Type : EDTA blood		Process At : 152. Lab SAWPL Gujarat Surat Lal Darwaja Road	

Absolute Count

Neutrophils	L	**1734**	**/cmm**	2500 - 6400
Lymphocytes	L	**1601**	**/cmm**	2300 - 5500
Eosinophil		0	/cmm	00 - 300
Monocytes	L	**165**	**/cmm**	400 - 2000
Basophils		11	/cmm	0 - 100

Malarial Parasite

Malarial Parasites	Malarial parasite is not detected	
Microcytes	+	%
Hypochromasia	+	

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LABORATORY TEST REPORT

Patient Information		Sample Information		Client/Location Information	
Name : **Mr Mitanshu Ajay More**		**Lab Id** : **082518900296**		Client Name : Arogyam Clinical Laboratory PSC@Surat	
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Ref. By : NCH Kid's Hospital MBBS DCH		Collected on : 18-Aug-2025 17:48		Printed On : 18-Aug-2025 18:50	
		Sample Type : Serum		Process At : 152. Lab SAWPL Gujarat Surat Lal Darwaja Road	

Cl. Biochemistry

Test		Result	Unit	Biological Ref. Interval
Creatinine, serum	L	**0.20**	**mg/dL**	**0.5 - 1.4**
C - Reactive Protein (CRP)	H	**12.40**	**mg/L**	**<5 : Negative** **5-20 : Weak Positive** **>20 : Positive**

Note: CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR.

Electrolytes

Test		Result	Unit	Biological Ref. Interval
Sodium (Na+) *Direct- ISE*		142.00	mmol/L	133 - 153
Potassium (K+) *Direct- ISE*		4.50	mmol/L	3.8 - 5.4
Chloride (Cl-) *Direct- ISE*	H	**109.0**	**mmol/L**	**96 - 106**

---------- End Of Report ----------

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