



# SWASTIK

MULTISPECIALITY HOSPITAL

Mahna Road, Opp. Dena Bank, Ballabgarh

0129-2303438

E-Mail: swastikhospitalfaridabad@gmail.com

**INDOOR FILE**

Bed No.	
Regd. No.	
OPD No.	
IPD No.	5429
D.O.A.	02/11/23
D.O.D.	

Patient's Name ..... Blo Yashoda

Age of patient ..... vinod Saini Age ..... 4d Sex ..... male

Occupation ..... Chandawali Marital Status .....

Phone No. ....

Physician incharge Dr. Pawan sharma Relation ..... Father

Reg. No. 1000000000

App. No.

Patient No.

1. Hematology (CBC)

Date

02/11/2020



02/11/2020

Reported on

02/11/2020 11:51 AM

**HAEMATOLOGY**
**COMPLETE BLOOD COUNT (CBC)**

	VALUE	UNIT	REFERENCE
Hemoglobin	L 14.5	g/dl	17 - 20
Hematocrit	9.700	cumm	4,000 - 11,000
White Blood Cell Count			
Neutrophils	50	%	40 - 80
Lymphocyte	H 44	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	03	%	2 - 10
Basophils		%	< 2
Platelet Count	1.53	lakhs/cumm	1.5 - 4.5
RBC Count	4.8	million/cumm	4.5 - 5.5
Hematocrit Value, Hct	49.1	%	40 - 50
Mean Corpuscular Volume, MCV	H 102.3	fL	83 - 101
Mean Cell Haemoglobin, MCH	30.2	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	L 29.5	%	31.5 - 34.5
Platelet Volume, MPV	9.9	fL	6.5 - 12
RBC SD	H 61.2	fL	39 - 46
RBC CV	H 16.5	%	11.6 - 14

**BIOCHEMISTRY**

	VALUE	UNIT	REFERENCE
Total Bilirubin (Total)	11.2	mg/dl	up to 12
Bilirubin (Direct)	H 0.79	mg/dl	0 - 0.3
Bilirubin (Indirect)	H 10.41	mg/dl	0.2 - 1

 Dr. Kamal Singhania  
 M.B.B.S. D.C.P. (Senior Pathologist)  
 Reg. No. 1423-20147



Patient Name: **SHRUTI KUMAR** Age: **56** Sex: **F**  
 Address: **SWASTIK MULTISPECIALITY HOS** Date: **02/11/2023**  
 Phone: **98765** Reported on: **02/11/2023 11:51 AM**



**HAEMATOLOGY**
**COMPLETE BLOOD COUNT (CBC)**

	VALUE	UNIT	REFERENCE
<b>Haemoglobin</b>	<b>L 14.5</b>	<b>g/dl</b>	<b>17 - 20</b>
<b>Leucocyte Count</b>	<b>9,700</b>	<b>cumm</b>	<b>4,000 - 11,000</b>
<b>Leucocyte Count</b>			
Neutrophils	<b>50</b>	<b>%</b>	<b>40 - 80</b>
<b>Lymphocyte</b>	<b>H 44</b>	<b>%</b>	<b>20 - 40</b>
Eosinophils	<b>03</b>	<b>%</b>	<b>1 - 6</b>
Monocytes	<b>03</b>	<b>%</b>	<b>2 - 10</b>
Basophils	<b>-</b>	<b>%</b>	<b>&lt; 2</b>
<b>Platelet Count</b>	<b>1.53</b>	<b>lakhs/cumm</b>	<b>1.5 - 4.5</b>
<b>Total RBC Count</b>	<b>4.8</b>	<b>million/cumm</b>	<b>4.5 - 5.5</b>
<b>Hematocrit Value, Hct</b>	<b>49.1</b>	<b>%</b>	<b>40 - 50</b>
<b>Mean Corpuscular Volume, MCV</b>	<b>H 102.3</b>	<b>fL</b>	<b>83 - 101</b>
<b>Mean Cell Haemoglobin, MCH</b>	<b>30.2</b>	<b>Pg</b>	<b>27 - 32</b>
<b>Mean Cell Haemoglobin CON, MCHC</b>	<b>L 29.5</b>	<b>%</b>	<b>31.5 - 34.5</b>
<b>Mean Platelet Volume, MPV</b>	<b>9.9</b>	<b>fL</b>	<b>6.5 - 12</b>
<b>R.D.W. - SD</b>	<b>H 61.2</b>	<b>fL</b>	<b>39 - 46</b>
<b>R.D.W. - CV</b>	<b>H 16.5</b>	<b>%</b>	<b>11.6 - 14</b>

**BIOCHEMISTRY**

TEST	VALUE	UNIT	REFERENCE
<b>Total Bilirubin (Total)</b>	<b>11.2</b>	<b>mg/dl</b>	<b>up to 12</b>
<b>Bilirubin (Direct)</b>	<b>H 0.79</b>	<b>mg/dl</b>	<b>0 - 0.3</b>
<b>Bilirubin (Indirect)</b>	<b>H 10.41</b>	<b>mg/dl</b>	<b>0.2 - 1</b>

Test Name: **Biochemistry**  
 Test Code: **BIOCHEMISTRY**  
 Test Package: **BIOCHEMISTRY**

  
 Dr. **Kamal Kishore**  
 M.D. (D), D.C.P. (Senior Pathologist)  
 Reg. No. **MB-2017**

Baby of YASHODA

Age / Sex: 4 days / M

Dr. SWASTIK MULTISPECIALITY HOS.

Date: 02/11/2023

65709

02/11/2023

Reported on: 02/11/2023 11:51 AM

**SEROLOGY & IMMUNOLOGY**

	VALUE	UNIT	REFERENCE
Reactive Protein, CRP (Quantitative)	5.1	mg/dl	< 6.0 mg/L

~~~ End of report ~~~



## Hospital Recommendation letter

**Date:** 03/11/2023

**Name of child:** Baby of Yashoda

**Age:-** 4 Days

**Gender:** Male

**Medical Diagnosis:** Preterm AGA/M/Extremely Low Birth Weight /RDS /HMD/ sepsis/ ARDS


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

**Estimated cost of treatment (with break ups):** Rs 550000/-

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

**Name of Medical Practitioner:** Dr. Pawan Kumar Sharma

**Designation:** Consultant Paediatrics

**Department:** Paediatrics

दिनांक : 03-11-2023

सेवा में,

संस्थापक महोदय

स्माइल चाइल्ड केयर ट्रस्ट

नई दिल्ली,

सर

मी बच्चे का पापा विनीट् आपके संस्था से  
निर्बन्धन करता हूँ की द्वारा बच्चा जो की जन्म  
का है उसके इलाज में सहायता प्रदान करे।  
वह स्वास्थ्य अस्पताल में गरी है।

हमारा पूरा परिवार जीवन

भर आभारी रहेगा।

आपका आभारी

विनीट्

Re. to Smile Child Care Trust

P

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