





Clap Connect - 11pm - 20/10/24

6:30p



# SWASTIK

MULTISPECIALITY HOSPITAL

Mohna Road, Opp. SBI Bank, Ballabgarh

0129-2303438

E-Mail : swastikhospitalfaridabad@gmail.com

**INDOOR FILE**

Bed No.	
Regd. No.	
OPD No.	
IPD No.	7055
D.O.A.	15/10/24
D.O.U.	

at 2:45 Pm

Patient's Name ..... Kartik (Vansh)  
 S/W/D of ..... Cheeku ..... Age ..... 10 month Sex ..... male  
 Occupation ..... Marital Status .....  
 Address ..... Sarjey Enclave H.No - 851, fbd  
 Phone No. ....  
 Consultant Incharge Dr. Pawan Sharma Relation ..... father



Patient Name: Master KARTIK      Age / Sex: 10 months / M  
Referred By: Dr. SWASTIK MULTISPECIALITY HOS.      Date: 15/10/2024  
Reg. no. 70831  
Collected on: 15/10/2024      Reported on: 15/10/2024 05:21 PM



70831

## BIOCHEMISTRY

### KIDNEY FUNCTION TEST (KFT)

TEST	VALUE	UNIT	REFERENCE
BUN	10.88	mg/dl	7.9 - 20
Serum Urea	23.3	mg/dl	10-50
Serum Creatinine	0.9	mg/dl	0.6 - 1.4
Serum Uric Acid	4.5	mg/dl	3.5 - 7.2
Serum Sodium	141.2	mmol/L	130 - 160
Serum Potassium	4.0	mmol/L	3.2 - 5.7
Urea / Creatinine Ratio	25.89		
BUN / Creatinine Ratio	12.09		

~~~ End of report ~~~

Anil Kumar  
M.Sc. Microbiology  
Lab Incharge

Dr. Kamal Sathyarthi  
M.B.B.S. D.C.P. (Senior Pathologist)  
Reg. No.- MCI - 25147

|               |                                  |              |                     |
|---------------|----------------------------------|--------------|---------------------|
| Patient Name: | Master KARTIK                    | Age / Sex:   | 10 months / M       |
| Referred By:  | Dr. SWASTIK MULTISPECIALITY HOS. | Date:        | 20/10/2024          |
| Reg. no.      | 70899                            |              |                     |
| Collected on: | 20/10/2024                       | Reported on: | 20/10/2024 11:53 AM |


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

| TEST                            | VALUE         | UNIT         | REFERENCE      |
|---------------------------------|---------------|--------------|----------------|
| Hemoglobin                      | 11.8          | g/dl         | 11.2 - 16.5    |
| Total Leukocyte Count           | 8,200         | cumm         | 4,000 - 11,000 |
| Differential Leucocyte Count    |               |              |                |
| Neutrophils                     | 50            | %            | 40 - 80        |
| <b>Lymphocyte</b>               | <b>H 42</b>   | %            | 20 - 40        |
| Eosinophils                     | 04            | %            | 1 - 6          |
| Monocytes                       | 04            | %            | 2 - 10         |
| Basophils                       |               | %            | <2             |
| Platelet Count                  | 4.18          | lakhs/cumm   | 1.5 - 4.5      |
| Total RBC Count                 | 4.7           | million/cumm | 4.5 - 5.5      |
| Hematocrit Value, Hct           | <b>L 37.2</b> | %            | 40 - 50        |
| Mean Corpuscular Volume, MCV    | <b>L 79.1</b> | fL           | 83 - 101       |
| Mean Cell Haemoglobin, MCH      | <b>L 25.1</b> | Pg           | 27 - 32        |
| Mean Cell Haemoglobin CON, MCHC | 31.7          | %            | 31.5 - 34.5    |
| Mean Platelet Volume, MPV       | 8.8           | fL           | 6.5 - 12       |
| R.D.W. - SD                     | <b>H 56.1</b> | fL           | 39 - 46        |
| R.D.W. - CV                     | <b>H 19.0</b> | %            | 11.6 - 14      |

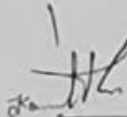
**SEROLOGY & IMMUNOLOGY**

| TEST               | VALUE    | UNIT | REFERENCE |
|--------------------|----------|------|-----------|
| Dengue NS1 Antigen | NEGATIVE |      |           |

**Interpretation :-**

A positive NS1 test result confirms dengue virus infection without providing serotype information. A negative NS1 test result does not rule out infection. People with negative NS1 results should be tested for the presence of dengue IgM antibodies to determine possible recent dengue exposure.

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 M.Sc. Microbiology  
 Lab Incharge



Dr. Kamal Sathyarathi  
 M.B.B.S. D.C.P. (Senior Pathologist)  
 Reg. No.- MCI - 25147



Patient Name: Master KARTIK      Age / Sex: 10 months / M  
Referred By: Dr. SWASTIK MULTISPECIALITY HOS.      Date: 15/10/2024  
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### HAEMATOLOGY COMPLETE BLOOD COUNT (CBC)

| TEST                            | VALUE    | UNIT         | REFERENCE      |
|---------------------------------|----------|--------------|----------------|
| Hemoglobin                      | L 8.9    | g/dl         | 11.2 - 16.5    |
| Total Leukocyte Count           | H 15,100 | cumm         | 4,000 - 11,000 |
| Differential Leucocyte Count    |          |              |                |
| Neutrophils                     | 70       | %            | 40 - 80        |
| Lymphocyte                      | 25       | %            | 20 - 40        |
| Eosinophils                     | 02       | %            | 1 - 6          |
| Monocytes                       | 03       | %            | 2 - 10         |
| Basophils                       |          | %            | < 2            |
| Platelet Count                  | 2.81     | lakhs/cumm   | 1.5 - 4.5      |
| Total RBC Count                 | L 3.6    | million/cumm | 4.5 - 5.5      |
| Hematocrit Value, Hct           | L 25.6   | %            | 40 - 50        |
| Mean Corpuscular Volume, MCV    | L 71.1   | fL           | 83 - 101       |
| Mean Cell Haemoglobin, MCH      | L 24.7   | Pg           | 27 - 32        |
| Mean Cell Haemoglobin CON, MCHC | H 34.8   | %            | 31.5 - 34.5    |
| Mean Platelet Volume, MPV       | H 12.3   | fL           | 6.5 - 12       |
| R.D.W. - SD                     | 42.5     | fL           | 39 - 46        |
| R.D.W. - CV                     | H 18.1   | %            | 11.6 - 14      |

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M.Sc. Microbiology  
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Reg. No. - MCI - 25147



Patient Name: Master KARTIK      Age / Sex: 10 months / M  
Referred By: Dr. SWASTIK MULTISPECIALITY HOS.      Date: 20/10/2024  
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### Widal (Slide Method)

Tube agglutination test for Salmonella group of organisms reveal following titers.

|                  | 1/20 | 1/40 | 1/80 | 1/160 | 1/320 |
|------------------|------|------|------|-------|-------|
| S TYPHI "O"      | +    | +    | +    | +     | -     |
| S TYPHI "H"      | +    | +    | +    | -     | -     |
| S PARATYPHI "AH" | +    | +    | -    | -     | -     |
| S PARATYPHI "BH" | +    | +    | -    | -     | -     |

Comment: WIDAL TEST <POSITIVE>

Antibody titre of 1:80 or higher suggests infection. A marked rise in the titre to one serotype to (above 1:80) or paired sample collected at 5 to 7 days interval is regarded as diagnostically significant. However persons who have received TAB vaccine may show high titre of antibodies to each of the salmonellae.

--- End of report ---



## Hospital Recommendation letter

Date: 24/10/2024

Name of the child:- Master Kartik

Age:- 10 months

Gender: Male

**Medical Diagnosis: Congenital Heart defect/RDS /HMD/ sepsis/ ARDS /Shock/Neonatal sepsis/ Apnoea**

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

**Proposed date of Surgery/Treatment: Upto 4 wks.**

**Estimated cost of treatment (with break ups): Rs 350000/-**

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. PAVAN KUMAR SHARMA  
M.B.B.S., D.C.H. (N.M.H.)  
REG. NO. MN-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics



दिनांक - 25/10/2024

सेवा में,

आईफ लखन NIGD

गद्दीदया,

सविनय निवेदन यह है कि मेरा बेटा कार्तिक जो कि 10 भाईना का है। मेरा बेटा बहुत विगार है मैं अपने बेटे के लिए टाया जोड़ कर विनती करता हूँ। मेरा बेटा श्वारसिक दम्पतात N.I.C.U वाडि में मर्ता है। मेरे कचे की हालत काफी नाजुक है मैं आर्थिक रूप से अपने बेटे की मदद नहीं कर पा रहा हूँ। कृपा करके आप मेरे बेटे की आर्थिक रूप से मदद करें।

प्रार्थी

पंकु

Ref to Ltr Lin no

R

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