



**This Premature Baby need your
Support To Survive**

[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 (4/7/24)			
Patient name	Renu Bala	CRNO	1045385
Date of birth	04.04.2024	Sex	Male
Date of Admission	04.04.2024	Admission weight	600 grams
Name of Hospital	Kidney Hospital & Lifeline Medical institutions 63 7 64, Waryam Nagar, Cool Road, Jalandhar-144001 (Punjab), India Contact: +9198140-44471		
<u>SINGLETON/ PRETERM/ 26 WKS/600 GRAM/EXTREMELY LOW BIRTH WEIGHT/FEMALE/AGA/RESPIRATORY DISTRESS SYNDROME/SEPSIS/ANEMIA OF PREMATURITY/BPD /Severe retinopathy of prematurity</u>			
Baby delivered at Private hospital, Jalandhar at 6 months of gestation with birth weight of 600 gram. Baby remained admitted in private hospital for few hours and was shifted on 04.04.2023 to Kidney Hospital & Lifeline Medical institutions i/v/o need for ventilator care. Baby has been on ventilator support since birth due to prematurity.			
Father is a daily wager with monthly income of 10000-15000/month. The family has mortgaged whatever property, jewellery they had for their kids treatment. <u>The couple has already lost 2-3 kids in the last 8 years with these baby being their last hope.</u>			
The baby was started on ventilator support, IV antibiotics. Baby has gained weight with current weight being 1375 grams. Baby still requires ventilator support and hence needs atleast 50-60 days before being discharged home. We request you to kindly support the baby.			
Expected duration of hospital stay: 50-60 days			
<ul style="list-style-type: none"><u>Approximate expenditure:4-5 lakhs</u><u>Daily medicine charges: Rs 50000-60000 pr month</u>			


Kidney Hospital & Lifeline Medical Institutions
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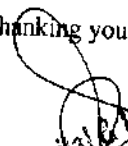


ESTIMATE for Renu Bala (for 60 days)			
S.No:	Particular	Qty.	Amount
1	NICU room rent	60	60x 5000 = Rs 300000
2	Infusion Pump	60	60x 500 = Rs 30000
3	Ventilator support	60	60x 3500 = Rs 210000
4	Medicines	60	60x 1500 = Rs 90000
	Total Estimate	60 days	Rs 630000

Hospital daily expenses for baby is 9000-10000 per day. Hospital has given concession to family to Rs 5000 per day.

Approximate expenditure will be 300000-350000 rupees along with 90000-100000 for medicines.

Thanking you


Dr. S. Singh
Kidney Hospital & Lifeline Medical Institutions
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 RENU BALA **CR.NO.** : 1045385 **Collected** : 03-JUL-2024 02:42 PM
Age : 2 MONTH 29 DAYS **Gender** : MALE **Lab No** : 3028858 **Reported** : 03-JUL-2024 03:10 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

ACID/BASE 37.0oC	:	
pH	: 7.379	7.350 - 7.450
pCO2	: 44.9	mmHg 35 - 45
pO2	: 38.9	mmHg 83 - 108
HCO3-act	: 25.9	mmol/L 21.0 - 28.0
HCO3-std	: 24.5	mmol/L 21.0 - 28.0
BE(B)	: 0.5	mmol/L -2.0 - 3.0
BE(ecf)	: 0.8	mmol/L -2.0 - 3.0
ctCO2	: 27.3	mmol/L 22.0 - 29.0
CO-OXIMETRY	:	
Hct	: 34	% 36 - 52
tHb	: 11.6	g/dl 12.0 - 17.5
sO2	: 73.4	% > 95
FO2Hb	: 72.7	% 94.0 - 98.0
FCO2Hb	: 0.7	% 0.5 - 1.5
FMetHb	: 0.3	% 0.0 - 1.5
FHHb	: 26.3	% 0.0 - 5.0
nBili	: <2	mg/dl 2.0 - 6.0
OXYGEN STATUS 37.0oC	:	
BO2	: 16.0	mL/dL
ELECTROLYTES	:	
Na+	: 137.7	mmol/L 136 - 145
K+	: 4.43	mmol/L 3.4 - 4.5
Ca++	: 1.06	mmol/L 1.15 - 1.33
Ca++(7.4)	: 1.05	mmol/L
Cl-	: 105	mmol/L 98 - 107





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 03-JUL-2024 02:42 PM
 Age : 2 MONTH 29 DAYS Gender : MALE Lab No : 3028858 Reported : 03-JUL-2024 03:10 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
AnGap	: 11.2	mmol/L 10.0 - 18.0
mOsm	: 278.1	mmol/kg
METABOLITES		
Glu	: 48	mg/dL 65 - 95
Lac	: 1.75	mmol/L 0.36 - 0.75

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 -----

Signature of Dr. Surabhi

Dr. SURABHI
 (CONSULTANT PATHOLOGIST)
 63 & 64 Waryam Nagar, Cool Road, Jalandhar

Surabhi

DR.SURABHI
 (CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

(THIS LETTERHEAD WILL NOT BE VALID FOR ANY OTHER PURPOSE THAN LABORATORY REPORTING) PLEASE CORRELATE CLINICALITY, IF RESULT IS APPEAR UNEXPECTED, CONTACT IMMEDIATELY FOR REPEAT TEST



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 03-JUL-2024 02:44 PM
Age : 2 MONTH 29 DAYS **Gender** : MALE **Lab No** : 3028857 **Reported** : 03-JUL-2024 04:14 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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SEPTIC SCREEN ANALYSIS

RBC	: MACROCYTES + MICROCYTES	
NUCLEATED RBC	: NIL	
WBC	: 15400	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 44+10	%
IMMATURE CELLS	: 08	%
LYMPHOCYTES	: 36	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 461000	/Cu mm
ANALYSIS	:	
ANC	: 8316 HIGH	/Cu mm
CRP	: 17.99 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	: 0.29	
I.T. RATIO	: SIGNIFICANT	
IMPRESSION	: POSITIVE SEPSIS SCREEN.	
ADVISED	: CLINICAL CORRELATION AND FOLLOW UP.	

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

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 03-JUL-2024 02:44 PM
Age : 2 MONTH 29 DAYS Gender : MALE Lab No : 3028857 Reported : 03-JUL-2024 04:14 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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COMPLETE BLOOD COUNT,CBC :	:	
Hb	: 6.9	GM/DL 12.0 - 16.0
WBC COUNT :	:	
TLC	: 15400	/Cu mm 4000-11000
DIFFERENTIAL COUNT :	:	
LYM	: 37.7	% 20.0 - 40.0
MID	: 8.0	% 3.0 - 9.0
GRAN	: 54.3	% 50.0 - 70.0
RBC INDICES :	:	
RBC	: 2.25	ul 3.5 - 5.5
HCT	: 20.2	% 37.0 - 50.0
MCV	: 89.5	fL 82.0 - 95.0
MCH	: 30.7	pg 27.0 - 31.0
MCHC	: 34.3	g/dl 32.0 - 36.0
PLATLET INDICES :	:	
PLATELET COUNTS	: 461000	/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.



REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 03-JUL-2024 02:44 PM
 Age : 2 MONTH 29 DAYS Gender : MALE Lab No : 3028857 Reported : 03-JUL-2024 04:14 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST OBSERVED VALUE BIOLOGICAL REFERENCE

C. REACTIVE PROTEIN,QUANTITATIVE : 17.99 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 -----

Dr. SURABHI

M.D. (Pathology)
 Regd. Member of A.M.A.
 Medical Officer, Kirti Education Institution
 63 & 64, Waryam Nagar, Cooch Road, Jalandhar

Surabhi

DR.SURABHI
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Prepared By: DR.SURABHI (1965)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

(THIS LETTER HEAD WILL NOT BE VALID FOR ANY OTHER PURPOSE THAN LABORATORY REPORTING)



PLEASE CORRELATE CLINICALLY TO RESULTS



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 04-APR-2024 06:58 PM
 Age : 0 Days Gender : MALE Lab No : 2976793 Reported : 04-APR-2024 07:43 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCE

COMPLETE BLOOD COUNT,CBC :

Hb	: 15.10	GM/DL	12.0 - 16.0
WBC COUNT :	:		
TLC	: 11500	/Cu mm	4000-11000
DIFFERENTIAL COUNT :	:		
LYM	: 38.7	%	20.0 - 40.0
MID	: 8.0	%	3.0 - 9.0
GRAN	: 53.3	%	50.0 - 70.0
RBC INDICES :	:		
RBC	: 3.87	ul	3.5 - 5.5
HCT	: 43.5	%	37.0 - 50.0
MCV	: 112.3	fL	82.0 - 95.0
MCH	: 39.0	pg	27.0 - 31.0
MCHC	: 34.7	g/dl	32.0 - 36.0
PLATLET INDICES :	:		
PLATELET COUNTS	: 244000	/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

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 04-APR-2024 06:50 PM

Age : 0 Days Gender : MALE

Lab No : 2976795

Reported : 04-APR-2024 07:45 PM

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

Room No : NICU BED NO: 5

Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCEBLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

pH	: 7.286		7.35-7.45
pCO2	: 52.8	mmHg	35-45
pO2	: 31.2	mmHg	80-110
Na	: 142.2	mmol/L	135-145
K	: 3.99	mmol/L	3.5-5.0
iCa	: 1.16	mmol/L	1.1-1.3
nCa	: 1.09	mmol/L	
tCa	: 2.19	mmol/L	
Cl	: 101.0	mmol/L	90.0-110.0
Hct	: 44.4		45-55
BP	: 736.74	mmHg	
PH(tc)	: 7.29		
PCO2(tc)	: 52.80	mmHg	
P02(tc)	: 31.20	mmHg	
<u>CALCULATED PARAMETERS</u>			
HCO3	: 25.39	mmol/L	
TCO2	: 27.01	mmol/L	
BEect	: -1.46	mmol/L	
BEb	: -1.58	mmol/L	
sO2	: 51.51	%	
P50	: 30.50	mmHg	
SBC	: 22.26	mmol/L	
A_aDO2	: 50.40	mmHg	
RI	: 1.62		
AG	: 15.81	mmol/L	
tHb	: 15.54	g/dl	



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 04-APR-2024 06.50 PM
Age : 0 Days Gender : MALE Lab No : 2976795 Reported : 04-APR-2024 07:45 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 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.

pH	:		7.310-7.410
PCO2	:	mmHg	41.0-51.0
PO2	:	mmHg	80-105
BEecf	:	mmol/L	-2 - 3
HCO3	:	mmol/L	23.0-28.0
TCO2	:	mmol/L	24-29
sO2	:	%	95-98
Na	:	mmol/L	138-146
K	:	mmol/L	3.5-4.9
iCa	:	mmol/L	1.12-1.32

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 -----

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NICU, CHILDREN'S HOSPITAL
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Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: ROSELEEN (L0021)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 04-APR-2024 06:58 PM
Age : 0 Days **Gender** : MALE **Lab No** : 2978793 **Reported** : 04-APR-2024 07:43 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

TEST OBSERVED VALUE BIOLOGICAL REFERENCE

C. REACTIVE PROTEIN,QUANTITATIVE : 0.50 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 -----

Dr. SURABHI
 M.D. (Pathology)
 Regn No. 1045385 (PAC)
 Youth Helping Trust
 CS & A, Noida, Uttar Pradesh

Surabhi

DR.SURABHI
 (CONSULTANT PATHOLOGIST)

Prepared By: ROSELEEN (L0021)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVER LEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 04-APR-2024 06:59 PM
Age : 0 Days **Gender** : MALE **Lab No** : 2976797 **Reported** : 04-APR-2024 07:42 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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ABO GROUP	: O	
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: ROSELEEN (L0021)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 04-APR-2024 06:58 PM
 Age : 0 Days Gender : MALE Lab No : 2976793 Reported : 04-APR-2024 07:43 PM
 Doctor Incharge : DR. SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST OBSERVED VALUE BIOLOGICAL REFERENCE

SEPTIC SCREEN ANALYSIS

RBC	: MACROCYTES, POLYCHROMASIA	
NUCLEATED RBC	: NIL	
WBC	: 11500	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 49+04	%
IMMATURE CELLS	: 08	%
LYMPHOCYTES	: 37	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 244000	/Cu mm
ANALYSIS	:	
ANC	: 6095	/Cu mm
CRP	: <0.50	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	: 0.19	
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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PLEASE CORRELATE CLINICALLY IF RESULTS APPEAR UNEXPECTED. CONTACT IMMEDIATELY FOR REPEAT TEST.



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 09-MAY-2024 01:15 AM
Age : 1 MONTH 5 DAYS **Gender** : MALE **Lab No** : 2995486 **Reported** : 09-MAY-2024 01:41 AM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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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 -----

Dr. SURABHI
 M.D.
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 Kidney Hospital & Life Support Institute
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Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA GR.NO. : 1045385 Collected : 09-MAY-2024 01.15 AM
 Age : 1 MONTH 5 DAYS Gender : MALE Lab No : 2995486 Reported : 09-MAY-2024 01:41 AM
 Doctor Incharge : DR. SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST OBSERVED VALUE BIOLOGICAL REFERENCE

BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

pH	: 7.433		7.35-7.45
pCO ₂	: 42.4	mmHg	35-45
pO ₂	: 33.8	mmHg	80-110
Na	: 132.0	mmol/L	135-145
K	: 4.30	mmol/L	3.5-5.0
iCa	: 1.17	mmol/L	1.1-1.3
nCa	: 1.19	mmol/L	
tCa	: 2.38	mmol/L	
Cl	: 99.8	mmol/L	90.0-110.0
Hct	: 24.1		45-55
BP	: 734.40	mmHg	
PH(tc)	: 7.43		
PCO ₂ (tc)	: 42.40	mmHg	
PO ₂ (tc)	: 33.80	mmHg	
<u>CALCULATED PARAMETERS</u>			
HCO ₃	: 28.60	mmol/L	
TCO ₂	: 29.90	mmol/L	
BEect	: 4.13	mmol/L	
BEb	: 4.63	mmol/L	
sO ₂	: 66.72	%	
P50	: 26.20	mmHg	
SBC	: 28.05	mmol/L	
A_aDO ₂	: 59.80	mmHg	
RI	: 1.77		
AG	: 3.60	mmol/L	
tHb	: 8.44	g/dl	



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 RENU BALA **CR.NO.** : 1045385 **Collected** : 09-MAY-2024 01.00 AM
Age : 1 MONTH 5 DAYS **Gender** : MALE **Lab No** : 2995487 **Reported** : 09-MAY-2024 03:11 AM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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C. REACTIVE PROTEIN,QUANTITATIVE	: 32.13	MG/L
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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 -----

Dr. SURABHI
 MBBS
 Rean No
 Day Hospital & Life
 Dr. Surabhi Goel

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DR. SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 09-MAY-2024 01.00 AM
 Age : 1 MONTH 5 DAYS Gender : MALE Lab No : 2995487 Reported : 09-MAY-2024 03:11 AM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCE

COMPLETE BLOOD COUNT,CBC :

Hb	: 6.8	GM/DL	12.0 - 16.0
WBC COUNT :	:		
TLC	: 19200	/Cu mm	4000-11000
DIFFERENTIAL COUNT :	:		
LYM	: 30.5	%	20.0 - 40.0
MID	: 9.5	%	3.0 - 9.0
GRAN	: 59.5	%	50.0 - 70.0
RBC INDICES :	:		
RBC	: 1.89	ul	3.5 - 5.5
HCT	: 18.1	%	37.0 - 50.0
MCV	: 96.6	fL	82.0 - 95.0
MCH	: 36.2	pg	27.0 - 31.0
MCHC	: 37.2	g/dl	32.0 - 36.0
PLATLET INDICES :	:		
PLATELET COUNTS	: 608000	/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



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 09-MAY-2024 01.00 AM
 Age : 1 MONTH 5 DAYS Gender : MALE Lab No : 2995487 Reported : 09-MAY-2024 03:11 AM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
-------------	-----------------------	-----------------------------

SEPTIC SCREEN ANALYSIS

RBC	: MACROCYTES + MICROCYTES	
NUCLEATED RBC	: NIL	
WBC	: 19200	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 57+03	%
IMMATURE CELLS	: 09	%
LYMPHOCYTES	: 29	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 608000	/Cu mm
ANALYSIS	:	
ANC	: 11520 HIGH	/Cu mm
CRP	: 32.13 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	: 0.17	
IMPRESSION	: POSITIVE SEPSIS SCREEN.	
ADVISED	: CLINICALCORRELAT ION AND FOLLOW UP.	

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.



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 17-MAY-2024 08.20 PM

Age : 1 MONTH 13 DAYS Gender : MALE

Lab No : 3000742

Reported : 17-MAY-2024 08:45 PM

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

Room No : NICU BED NO: 5

Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
<u>BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES</u>		
pH	: 7.283	7.310-7.410
PCO2	: 49.8	mmHg 41.0-51.0
PO2	: 39	mmHg 80-105
BE _{ecf}	: -3	mmol/L -2 - 3
HCO ₃	: 23.5	mmol/L 23.0-28.0
TCO ₂	: 25	mmol/L 24-29
sO ₂	: 67	% 95-98
Na	: 132	mmol/L 138-146
K	: 3.9	mmol/L 3.5-4.9
iCa	: 1.19	mmol/L 1.12-1.32

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 -----

Dr. SURABHI

M.D. Pathologist
Regn. No. 40011 (Path)Gray Hospital & Life Medical Institute
Delhi, India

Surabhi?

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: BALWINDER SINGH (1874)



Page 1 of 1



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 RENU BALA **CR.NO.** : 1045385 **Collected** : 17-MAY-2024 06:41 PM
Age : 1 MONTH 13 DAYS **Gender** : MALE **Lab No** : 3000741 **Reported** : 17-MAY-2024 07:24 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
COMPLETE BLOOD COUNT,CBC :		
Hb	9.60	GM/DL 12.0 - 16.0
WBC COUNT :		
TLC	12500	/Cu mm 4000-11000
DIFFERENTIAL COUNT :		
LYM	24.3	% 20.0 - 40.0
MID	6.1	% 3.0 - 9.0
GRAN	69.6	% 50.0 - 70.0
RBC INDICES :		
RBC	2.89	ul 3.5 - 5.5
HCT	27.8	% 37.0 - 50.0
MCV	96.3	fL 82.0 - 95.0
MCH	33.2	pg 27.0 - 31.0
MCHC	34.4	g/dl 32.0 - 36.0
PLATLET INDICES :		
PLATELET COUNTS	440000	/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



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 17-MAY-2024 06:41 PM
Age : 1 MONTH 13 DAYS **Gender** : MALE **Lab No** : 3000741 **Reported** : 17-MAY-2024 07:24 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

TEST **OBSERVED VALUE** **BIOLOGICAL REFERENCE**

C. REACTIVE PROTEIN,QUANTITATIVE : 37.02 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 -----

Dr. SURABHI
 M.D. (Pathology)
 Regn No. 46101/2019
 Waryam Hospital & Medical Institute
 63 & 64, Waryam Nagar, Cool Road, Jalandhar

Surabhi

DR.SURABHI
 (CONSULTANT PATHOLOGIST)

Prepared By: KAJAL (1936)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA
Age : 1 MONTH 13 DAYS **Gender** : MALE
Doctor Incharge : DR. SRISHTI GOEL, MD, DM.

CR.NO. : 1045385
Lab No : 3000741
Room No : NICU BED NO: 5

Collected : 17-MAY-2024 06:41 PM
Reported : 17-MAY-2024 07:24 PM
Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

SEPTIC SCREEN ANALYSIS

RBC	:	NORMOCYTES	
NUCLEATED RBC	:	NIL	
WBC	:	12500	/Cu mm
CORRECTED WBC ON SMEAR	:	SAME	
NEUTROPHILS+BANDS	:	65+04	%
IMMATURE CELLS	:	06	%
LYMPHOCYTES	:	23	%
EOSINOPHILS+MONOCYTES	:	01+01	%
PLATELET COUNTS	:	440000	/Cu mm
ANALYSIS	:		
ANC	:	8625 HIGH	/Cu mm
CRP	:	37.02 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	:		
I.T. RATIO	:	0.13	
IMPRESSION	:	POSITIVE SEPSIS SCREEN.	
ADVISED	:	CLINICAL CORRELATION AND FOLLOW UP.	

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.



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 20-MAY-2024 08:31 PM

Age : 1 MONTH 16 DAYS Gender : MALE

Lab No : 3002309

Reported : 20-MAY-2024 08:43 PM

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

Room No : NICU BED NO: 5

Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCEBLOOD GAS ANALYSIS, ARTERIAL WITH ELECTROLYTES

pH	: 7.358		7.35-7.45
pCO2	: 32.0	mmHg	35-45
pO2	: 51.3	mmHg	80-110
Na	: 125.5	mmol/L	135-145
K	: 4.01	mmol/L	3.5-5.0
iCa	: 1.28	mmol/L	1.1-1.3
nCa	: 1.25	mmol/L	
tCa	: 2.51	mmol/L	
Cl	: 105.5	mmol/L	90.0-110.0
Hct	: 29.4		45-55
BP	: 727.85	mmHg	
PH(tc)	: 7.36		
PCO2(tc)	: 32.00	mmHg	
PO2(tc)	: 51.30	mmHg	
CALCULATED PARAMETERS			
HCO3	: 18.16	mmol/L	
TCO2	: 19.14	mmol/L	
BEect	: -7.52	mmol/L	
BEb	: -6.80	mmol/L	
sO2	: 84.98	%	
P50	: 27.60	mmHg	
SBC	: 20.16	mmol/L	
A_aDO2	: 53.40	mmHg	
RI	: 1.04		
AG	: 1.84	mmol/L	
tHb	: 10.29	g/dl	





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 20-MAY-2024 08:31 PM

Age : 1 MONTH 16 DAYS Gender : MALE

Lab No : 3002309

Reported : 20-MAY-2024 08:43 PM

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

Room No : NICU BED NO: 5

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 -----

Dr. SURABHI

Pathologist

Substituted

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 20-MAY-2024 08:31 PM

Age : 1 MONTH 16 DAYS Gender : MALE

Lab No : 3002310

Reported : 20-MAY-2024 08:51 PM

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

Room No : NICU BED NO: 5

Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
<u>SEPTIC SCREEN ANALYSIS</u>		
RBC	: NORMOCYTES	
NUCLEATED RBC	: NIL	
WBC	: 9700	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 69+08	%
IMMATURE CELLS	: 05	%
LYMPHOCYTES	: 14	%
EOSINOPHILS+MONOCYTES	: 03+01	%
PLATELET COUNTS	: 380000	/Cu mm
ANALYSIS	:	
ANC	: 7469	/Cu mm
CRP	: 11.74	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	: 0.15	
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.



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 RENU BALA **CR.NO.** : 1045385 **Collected** : 20-MAY-2024 08:31 PM
Age : 1 MONTH 16 DAYS **Gender** : MALE **Lab No** : 3002310 **Reported** : 20-MAY-2024 08:51 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
COMPLETE BLOOD COUNT,CBC :	:	
Hb	: 8.8	GM/DL 12.0 - 16.0
WBC COUNT :	:	
TLC	: 9700	/Cu mm 4000-11000
DIFFERENTIAL COUNT :	:	
LYM	: 17.0	% 20.0 - 40.0
MID	: 5.8	% 3.0 - 9.0
GRAN	: 77.2	% 50.0 - 70.0
RBC INDICES :	:	
RBC	: 2.62	ul 3.5 - 5.5
HCT	: 24.8	% 37.0 - 50.0
MCV	: 94.5	fL 82.0 - 95.0
MCH	: 33.7	pg 27.0 - 31.0
MCHC	: 35.6	g/dl 32.0 - 36.0
PLATLET INDICES :	:	
PLATELET COUNTS	: 380000	/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 : 11.74 MG/L





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 24-MAY-2024 09:29 PM

Age : 1 MONTH 20 DAYS Gender : MALE

Lab No : 3004959

Reported : 24-MAY-2024 09:35 PM

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

Room No : NICU BED NO: 5

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 -----

Dr. Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 24-MAY-2024 09:29 PM
 Age : 1 MONTH 20 DAYS Gender : MALE Lab No : 3004959 Reported : 24-MAY-2024 09:35 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCEBLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

pH	: 7.400		7.35-7.45
pCO ₂	: 33.7	mmHg	35-45
pO ₂	: 45.6	mmHg	80-110
Na	: 140.4	mmol/L	135-145
K	: 3.65	mmol/L	3.5-5.0
iCa	: 1.09	mmol/L	1.1-1.3
nCa	: 1.09	mmol/L	
tCa	: 2.18	mmol/L	
Cl	: 105.5	mmol/L	90.0-110.0
Hct	: 27.9		45-55
BP	: 727.85	mmHg	
PH(tc)	: 7.40		
PCO ₂ (tc)	: 33.7	mmHg	
P0 ₂ (tc)	: 45.60	mmHg	
<u>CALCULATED PARAMETERS</u>			
HCO ₃	: 21.07	mmol/L	
TCO ₂	: 22.10	mmol/L	
BEect	: -3.93	mmol/L	
BEb	: -2.53	mmol/L	
sO ₂	: 81.80	%	
P50	: 26.50	mmHg	
SBC	: 22.67	mmol/L	
A_aDO ₂	: 57.00	mmHg	
RI	: 1.25		
AG	: 13.83	mmol/L	
tHb	: 9.76	g/dl	



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 24 - MAY - 2024 08.30 PM

Age : 1 MONTH 20 DAYS Gender : MALE

Lab No : 3004960

Reported : 24 - MAY - 2024 09:42 PM

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

Room No : NICU BED NO: 5

Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

SEPTIC SCREEN ANALYSIS

RBC	: NORMOCYTES	
NUCLEATED RBC	: NIL	
WBC	: 32600	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 62+14	%
IMMATURE CELLS	: 05	%
LYMPHOCYTES	: 17	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 123000	/Cu mm
ANALYSIS		
ANC	: 24776 HIGH	/Cu mm
CRP	: 88.49 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	: 0.23	
I.T. RATIO	: SIGNIFICANT	
IMPRESSION	: POSITIVE SEPSIS SCREEN.	
ADVISED	: CLINICAL CORRELATION AND FOLLOW UP.	

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.



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

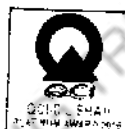
REPORTS

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 24 - MAY - 2024 08.30 PM
Age : 1 MONTH 20 DAYS **Gender** : MALE **Lab No** : 3004960 **Reported** : 24 - MAY - 2024 09:42 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
COMPLETE BLOOD COUNT, CBC :		
Hb	8.5	GM/DL 12.0 - 16.0
WBC COUNT :		
TLC	32600	/Cu mm 4000-11000
DIFFERENTIAL COUNT :		
LYM	18.30	% 20.0 - 40.0
MID	5.4	% 3.0 - 9.0
GRAN	76.3	% 50.0 - 70.0
RBC INDICES :		
RBC	2.55	ul 3.5 - 5.5
HCT	22.9	% 37.0 - 50.0
MCV	90.1	fL 82.0 - 95.0
MCH	33.3	pg 27.0 - 31.0
MCHC	37.0	g/dl 32.0 - 36.0
PLATLET INDICES :		
PLATELET COUNTS	123000	/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

DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 24-MAY-2024 08.30 PM

Age : 1 MONTH 20 DAYS Gender : MALE

Lab No : 3004960

Reported : 24-MAY-2024 09:42 PM

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

Room No : NICU BED NO: 5

Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

C. REACTIVE PROTEIN,QUANTITATIVE : 88.49 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

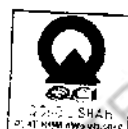
Dr. SURABHI

Penn No.

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



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 RENU BALA CR.NO. : 1045385 Collected : 26-MAY-2024 10.10 PM
 Age : 1 MONTH 22 DAYS Gender : MALE Lab No : 3005744 Reported : 26-MAY-2024 10:23 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
<u>BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES</u>		
pH	: 7.302	7.310-7.410
PCO2	: 35.5	mmHg 41.0-51.0
PO2	: 42	mmHg 80-105
BEecf	: -9	mmol/L -2 - 3
HCO3	: 17.5	mmol/L 23.0-28.0
TCO2	: 19	mmol/L 24-29
sO2	: 73	% 95-98
Na	: 139	mmol/L 138-146
K	: 4.6	mmol/L 3.5-4.9
iCa	: 1.10	mmol/L 1.12-1.32

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 -----

DR. SURABHI
 (CONSULTANT PATHOLOGIST)

Surabhi

DR.SURABHI
 (CONSULTANT PATHOLOGIST)

Prepared By: KAJAL (1936)



Page 1 of 1



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 28-MAY-2024 10:30 PM
 Age : 1 MONTH 24 DAYS Gender : MALE Lab No : 3007101 Reported : 28-MAY-2024 10:57 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
PHOSPHOROUS, SERUM	: 4.47	MG/DL 2.5 - 4.5 MG/DL
METHOD : MICRO SLIDE (DRY CHEMISTRY)		
ALK:PHOSPHATASE, SERUM	: 213.13	U/L 38 - 126 U/L
METHOD : MICRO SLIDE (DRY CHEMISTRY)		
CALCIUM, SERUM	: 8.15	MG/DL 8.4 - 10.2 MG/DL
METHOD : MICRO SLIDE (DRY CHEMISTRY)		

INTERPRETATIONS :

Elevated calcium value are associated with hyperparathyroidism, multiple myeloma, neoplasms of bone and parathyroid & conditions of rapid demineralization, tetany & occasionally with nephrosis & pancreatitis. Severe nephritis & uremia may cause either elevated or lowered calcium values. Decreased values of calcium are noted in hypoparathyroidism, Vitamin D deficiency, renal insufficiency, hypoproteinemia, malabsorption.

————— End of Report —————

Dr. SURABHI
 M.D. (Pathology)

Regn. No. 46811 (PNC)

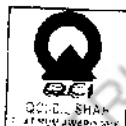
Kirti Hospital & Life Medical Institution
 63 & 64, Waryan Nagar, Dool Road, Jaipur

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DR. SURABHI
 (CONSULTANT PATHOLOGIST)

Prepared By: NAVEEN KUMAR (1210)

Page 1 of 1



P1

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 RENU BALA

CR.NO. : 1045385

Collected : 28-MAY-2024 10:30 PM

Age : 1 MONTH 24 DAYS **Gender** : MALE

Lab No : 3007102

Reported : 28-MAY-2024 10:58 PM

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

Room No : NICU BED NO: 5

Status : FINAL

TEST

OBSERVED VALUE

BIOLOGICAL REFERENCE

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 —————

Dr. SURABHI

M.D. (Pathology)

Regn. No. 46811-2014

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63 & 64, Waryam Nagar, Cool Road, Jalandhar

Surabhi

DR. SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: NAVEEN KUMAR (1210)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

**DEPARTMENT OF LABORATORY****REPORTS****Patient Name** : B/O RENU BALA**CR.NO.** : 1045385**Collected** : 28-MAY-2024 10:30 PM**Age** : 1 MONTH 24 DAYS **Gender** : MALE**Lab No** : 3007102**Reported** : 28-MAY-2024 10:58 PM**Doctor Incharge** : DR.SRISHTI GOEL,MD,DM.**Room No** : NICU BED NO: 5**Status** : FINAL**TEST****OBSERVED VALUE****BIOLOGICAL REFERENCE****SEPTIC SCREEN ANALYSIS**

RBC	: NORMOCYTES	
NUCLEATED RBC	: NIL	
WBC	: 8200	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 47+04	%
IMMATURE CELLS	: 08	%
LYMPHOCYTES	: 39	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 102000	/Cu mm
ANALYSIS	:	
ANC	: 4182	/Cu mm
CRP	: 21.82 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	: 0.20	
IMPRESSION	: NEGATIVE SEPSIS	
	: SCREEN.	
ADVISED	: CLINICAL	
	: CORRLATION.	

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.



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

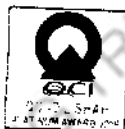
Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 28-MAY-2024 10:30 PM
 Age : 1 MONTH 24 DAYS Gender : MALE Lab No : 3007102 Reported : 28-MAY-2024 10:58 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
COMPLETE BLOOD COUNT,CBC :	:	
Hb	: 7.8	GM/DL 12.0 - 16.0
WBC COUNT :	:	
TLC	: 8200	/Cu mm 4000-11000
DIFFERENTIAL COUNT :	:	
LYM	: 39.4	% 20.0 - 40.0
MID	: 8.70	% 3.0 - 9.0
GRAN	: 51.9	% 50.0 - 70.0
RBC INDICES :	:	
RBC	: 2.41	ul 3.5 - 5.5
HCT	: 21.9	% 37.0 - 50.0
MCV	: 90.8	fL 82.0 - 95.0
MCH	: 32.2	pg 27.0 - 31.0
MCHC	: 35.4	g/dl 32.0 - 36.0
PLATLET INDICES :	:	
PLATELET COUNTS	: 102000	/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 : 21.82 MG/L





DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 09-JUN-2024 07:38 PM
 Age : 2 MONTH 5 DAYS Gender : MALE Lab No : 3014331 Reported : 09-JUN-2024 07:46 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
------	----------------	----------------------

BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

pH	: 7.287	7.310-7.410
PCO2	: 40.0	mmHg 41.0-51.0
PO2	: 43	mmHg 80-105
BEecf	: -8	mmol/L -2 - 3
HCO3	: 19.1	mmol/L 23.0-28.0
TCO2	: 20	mmol/L 24-29
sO2	: 73	% 95-98
Na	: 136	mmol/L 138-146
K	: 3.0	mmol/L 3.5-4.9
iCa	: 1.15	mmol/L 1.12-1.32

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 -----

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MD, DM

Consultant Pathologist

Waryam Nagar, Jalandhar

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(CONSULTANT PATHOLOGIST)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 09-JUN-2024 09:08 PM

Age : 2 MONTH 5 DAYS Gender : MALE

Lab No : 3014349

Reported : 09-JUN-2024 09:36 PM

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

Room No : NICU BED NO: 5

Status : FINAL

TESTOBSERVED VALUEBIOLOGICAL REFERENCESEPTIC SCREEN ANALYSIS

RBC	: NORMOCYTES + MICROCYTES	
NUCLEATED RBC	: NIL	
WBC	: 22600	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 52+12	%
IMMATURE CELLS	: 05	%
LYMPHOCYTES	: 26	%
EOSINOPHILS+MONOCYTES	: 04+01	%
PLATELET COUNTS	: 193000	/Cu mm
ANALYSIS	:	
ANC	: 14464 HIGH	/Cu mm
CRP	: 101.21 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	: 0.24	
I.T. RATIO	: SIGNIFICANT	
IMPRESSION	: POSITIVE SEPSIS SCREEN.	
ADVISED	: CLINICAL CORRELATION AND FOLLOW UP.	

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.



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 RENU BALA **CR.NO.** : 1045385 **Collected** : 09-JUN-2024 09:08 PM
Age : 2 MONTH 5 DAYS **Gender** : MALE **Lab No** : 3014349 **Reported** : 09-JUN-2024 09:36 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
COMPLETE BLOOD COUNT,CBC :		
Hb	: 7.9	GM/DL 12.0 - 16.0
WBC COUNT :		
TLC	: 22600	/Cu mm 4000-11000
DIFFERENTIAL COUNT :		
LYM	: 28.2	% 20.0 - 40.0
MID	: 7.7	% 3.0 - 9.0
GRAN	: 64.1	% 50.0 - 70.0
RBC INDICES :		
RBC	: 2.48	ul 3.5 - 5.5
HCT	: 21.9	% 37.0 - 50.0
MCV	: 88.1	fL 82.0 - 95.0
MCH	: 31.8	pg 27.0 - 31.0
MCHC	: 36.1	g/dl 32.0 - 36.0
PLATLET INDICES :		
PLATELET COUNTS	: 193000	/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



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 09-JUN-2024 09:08 PM
Age : 2 MONTH 5 DAYS Gender : MALE Lab No : 3014349 Reported : 09-JUN-2024 09:36 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST OBSERVED VALUE BIOLOGICAL REFERENCE

C. REACTIVE PROTEIN,QUANTITATIVE : 101.21 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 -----

DR. SURABHI

Subscribi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 13-JUN-2024 04.25 PM
 Age : 2 MONTH 9 DAYS Gender : MALE Lab No : 3017244 Reported : 13-JUN-2024 05:16 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
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BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

pH	: 7.316	7.310-7.410
PCO2	: 46.8	mmHg 41.0-51.0
PO2	: 59	mmHg 80-105
BEecf	: -2	mmol/L -2 - 3
HCO3	: 23.9	mmol/L 23.0-28.0
TCO2	: 25	mmol/L 24-29
sO2	: 88	% 95-98
Na	: 135	mmol/L 138-146
K	: 3.3	mmol/L 3.5-4.9
iCa	: 1.03	mmol/L 1.12-1.32

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 -----

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 Kidney Ho. 1st Floor, 63 & 64, Waryam Nagar, Cool Road, Jalandhar

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: KAJAL (1936)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 13-JUN-2024 04:11 PM
Age : 2 MONTH 9 DAYS **Gender** : MALE **Lab No** : 3017243 **Reported** : 13-JUN-2024 05:34 PM
Doctor Incharge : DR. SRISHTI GOEL, MD, DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
<u>SEPTIC SCREEN ANALYSIS</u>		
RBC	: NORMOCYTES	
NUCLEATED RBC	: NIL	
WBC	: 9400	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 48+08	%
IMMATURE CELLS	: 06	%
LYMPHOCYTES	: 36	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 145000	/Cu mm
ANALYSIS	:	
ANC	: 5264	/Cu mm
CRP	: 37.44 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	: 0.22	
I.T. RATIO	: SIGNIFICANT	
IMPRESSION	: POSITIVE SEPSIS SCREEN.	
ADVISED	: CLINICAL CORRELATION AND FOLLOW UP.	

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

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 13-JUN-2024 04:11 PM
 Age : 2 MONTH 9 DAYS Gender : MALE Lab No : 3017243 Reported : 13-JUN-2024 05:34 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
COMPLETE BLOOD COUNT,CBC :		
Hb	10.70	GM/DL 12.0 - 16.0
WBC COUNT :		
TLC	9400	/Cu mm 4000-11000
DIFFERENTIAL COUNT :		
LYM	38.0	% 20.0 - 40.0
MID	6.0	% 3.0 - 9.0
GRAN	56.0	% 50.0 - 70.0
RBC INDICES :		
RBC	3.39	ul 3.5 - 5.5
HCT	29.9	% 37.0 - 50.0
MCV	88.1	fL 82.0 - 95.0
MCH	31.6	pg 27.0 - 31.0
MCHC	35.8	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 RENU BALA **CR.NO.** : 1045385 **Collected** : 13-JUN-2024 04:11 PM
Age : 2 MONTH 9 DAYS **Gender** : MALE **Lab No** : 3017243 **Reported** : 13-JUN-2024 05:34 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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C. REACTIVE PROTEIN,QUANTITATIVE	: 37.44	MG/L
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METHOD : NEPHELOMETRIC ASSAY

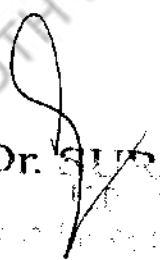
BIOLOGICAL REFERENCE :
0 - 6 MG/L

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 —————


Dr. SURABHI
 CONSULTANT PATHOLOGIST
 DEPARTMENT OF LABORATORY
 YOUTH HELPING TRUST

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: KAJAL (1936)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF



DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O RENU BALA

CR.NO. : 1045385

Collected : 20-JUN-2024 12:28 AM

Age : 2 MONTH 16 DAYS Gender : MALE

Lab No : 3020747

Reported : 20-JUN-2024 12:43 AM

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

Room No : NICU BED NO: 5

Status : FINAL

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
------	----------------	----------------------

BLOOD GAS ANALYSIS,ARTERIAL WITH ELECTROLYTES

pH	: 7.415	7.35-7.45
PCO2	: 37.7	mmHg 35-45
PO2	: 43	mmHg 80-100
BEecf	: 0	mmol/L -2 - 2
HCO3	: 24.2	mmol/L 22-26
TCO2	: 25	mmol/L 24-29
sO2	: 80	% > 95
Na	: 136	mmol/L 138-146
K	: 4.5	mmol/L 3.5-4.9
iCa	: 1.09	mmol/L 1.12-1.32

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 -----

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SMH (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF

**DEPARTMENT OF LABORATORY****REPORTS**

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 20-JUN-2024 12:28 AM
Age : 2 MONTH 16 DAYS **Gender** : MALE **Lab No** : 3020748 **Reported** : 20-JUN-2024 01:01 AM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

TEST**OBSERVED VALUE****BIOLOGICAL REFERENCE****SEPTIC SCREEN ANALYSIS**

RBC	: NORMOCYTES	
NUCLEATED RBC	: NIL	
WBC	: 11100	/Cu mm
CORRECTED WBC ON SMEAR	: SAME	
NEUTROPHILS+BANDS	: 29+07	%
IMMATURE CELLS	: 06	%
LYMPHOCYTES	: 56	%
EOSINOPHILS+MONOCYTES	: 01+01	%
PLATELET COUNTS	: 116000	/Cu mm
ANALYSIS	:	
ANC	: 3996	/Cu mm
CRP	: 10.92 HIGH	mg/l
IMMATURE CELLS:TOTAL RATIO	: 0.30	
I.T. RATIO	: SIGNIFICANT	
IMPRESSION	: POSITIVE SEPSIS SCREEN.	
ADVISED	: CLINICAL CORRELATION AND FOLLOW UP.	

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

Patient Name : B/O RENU BALA **CR.NO.** : 1045385 **Collected** : 20-JUN-2024 12:28 AM
Age : 2 MONTH 16 DAYS **Gender** : MALE **Lab No** : 3020748 **Reported** : 20-JUN-2024 01:01 AM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 5 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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COMPLETE BLOOD COUNT,CBC :

Hb	: 10.2	GM/DL 12.0 - 16.0
WBC COUNT :	:	
TLC	: 11100	/Cu mm 4000-11000
DIFFERENTIAL COUNT :	:	
LYM	: 57.3	% 20.0 - 40.0
MID	: 6.6	% 3.0 - 9.0
GRAN	: 36.1	% 50.0 - 70.0
RBC INDICES :	:	
RBC	: 3.27	ul 3.5 - 5.5
HCT	: 29.2	% 37.0 - 50.0
MCV	: 89.3	fL 82.0 - 95.0
MCH	: 31.0	pg 27.0 - 31.0
MCHC	: 34.8	g/dl 32.0 - 36.0
PLATLET INDICES :	:	
PLATELET COUNTS	: 116000	/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 :

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- 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

Patient Name : B/O RENU BALA CR.NO. : 1045385 Collected : 20-JUN-2024 12:28 AM
 Age : 2 MONTH 16 DAYS Gender : MALE Lab No : 3020748 Reported : 20-JUN-2024 01:01 AM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 5 Status : FINAL

TEST OBSERVED VALUE BIOLOGICAL REFERENCE

C. REACTIVE PROTEIN,QUANTITATIVE : 10.92 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

Dr. SURABHI

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



SUBJECT TO CONDITIONS OF REPORTING GIVEN OVERLEAF