



**URGENT HELP NEEDED  
TO GET A HEALTHY LIFE**

**CLICK HERE TO DONATE  
FOR  
BABY OF RAJWINDER KAUR**

ਮੈਂ ਜੀਓਟੈਕ ਵਰਗੇ ਵੱਡੀ ਕੰਪਨੀ ਵਿੱਚ ਜਿਹੜਾ ਪੁਸ਼ਟਿਕਾਤਮਕ  
ਦਾ ਕੰਮ ਕਰ ਰਿਹਾ ਹਾਂ, ਮੇਰੀ ਬੱਚੀ ਨੇ ਕਿ ਕਿਹੜੀ ਕਾਨਸਟਰਕਟਿਵਿਟ  
ਕੰਪਨੀ ਵਿੱਚ 18-9-2024 ਤੋਂ ਸ਼ੁਰੂ ਕੀਤੀ ਹੈ  
ਬੱਚੀ ਦਾ ਜਨਮ 18-9-2024 ਤੋਂ ਹੋਇਆ ਹੈ, ਇਸ  
ਪੀਰੀਅਡ ਵਿੱਚ 2 ਮਹੀਨੇ ਪਹਿਲਾਂ ਹੋਏ ਕਰਕੇ ਬੱਚੀ ਦਾ  
ਦਰਮਾਨ ਸਿਰਫ 900 ਰੁਪਏ ਹੈ, ਬੱਚੀ ਦੇ ਮਸ਼ੀਨ ਵਿੱਚ ਹੋਇਆ  
ਜਿਹੜਾ ਹੈ, ਤਕਰੀਬਨ ਦਾ ਕੰਮ ਹੈ ਕਿ ਬੱਚੀ ਦੇ ਹੋਏ ਦੋ ਮਹੀਨੇ  
ਮਸ਼ੀਨ ਵਿੱਚ ਹੋਇਆ ਹੈ, ਇਸ ਵਿੱਚ ਦਾ ਕਰਮ 10-ਤੋਂ 12 ਵਜੇ  
ਦਾ ਹੈ ਮਾਤਾ ਪਿਤਾ ਦਾ ਕਮਰਾ ਮਾਲ ਵਰਗੇ ਦੀ ਕਰੀ ਬਣਿਆ ਹੈ,  
ਜਿਸ ਕਰਕੇ ਇਸ ਵਿੱਚ ਬਹੁਤ ਮੁਸ਼ਕਿਲ ਹੋ ਗਈ ਹੈ, ਬੱਚੀ  
ਪੈਰ ਹੋਈ ਪਹਿਲਾਂ ਤੋਂ ਇਕੱਠੇ ਕਰੀ ਹੋ ਗਈ, ਇਸ ਕਰਕੇ ਮਾਤਾ  
ਬੱਚੀ ਦੇ ਇਲਾਜ ਵਿੱਚ ਮਾਤਾ ਮੌਲਕ ਕੀਤੀ ਹੈ।

ਜੀਓਟੈਕ



# Kidney Hospital & Lifeline Medical Institutions



63 & 64, Waryam Nagar, Cool Road, Jalandhar 144 001 (Punjab), India  
Phone: +91-181-4681100, 2440252, 2272236. Fax: +91-181-2464666

PMF Trust



To

Youth Helping Trust

CASE SUMMARY (25.09.24)			
Patient name	Baby of Rajwinder Kaur	CRNO	1051036
Date of birth	18.09.2024	Sex	Female
Date of Admission	18.09.2024	Admission weight	935 grams
Name of Hospital	Kidney Hospital & Lifeline Medical institutions 63 7 64, Waryam Nagar, Cool Road, Jalandhar-144001 (Punjab), India Contact: +9198140-44471		
<b><u>SINGLETON/ PRETERM/ 28 WKS/935 GRAM/EXTREMELY LOW BIRTH</u></b> <b><u>WEIGHT/FEMALE/AGA/RESPIRATORY DISTRESS SYNDROME/SEPSIS/</u></b>			
Baby delivered at Private hospital, Jalandhar at 7.5 months of gestation with birth weight of 935 gram. Baby was shifted at birth to Kidney Hospital & Lifeline Medical institutions i/v/o need for ventilator care. Baby had been on ventilator support till day 4 of life and at present on oxygen support.			
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 1-2 kids in the last 2 years with these baby being their last hope.</u>			
The baby was started on oxygen support, IV antibiotics. Baby has gained weight with current weight being 875 grams. Baby still requires oxygen support and hence needs atleast 50-60 days before being discharged home. We request you to kindly support the baby.			
<ul style="list-style-type: none"><li>• <u>Expected duration of hospital stay: 50-60 days</u></li><li>• <u>Approximate expenditure:4-5 lakhs</u></li><li>• <u>Daily medicine charges: Rs 50000-60000 pr month</u></li></ul>			

  
Kidney Hospital & Lifeline Medical Institutions  
PMF Trust  
63 64, Waryam Nagar, Cool Road, Jalandhar



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ESTIMATE for Baby of Rajwinder kaur (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	oxygen support	60	60x 1000 = Rs 60000
4	Medicines	60	60x 1500 = Rs 90000
	<b>Total Estimate</b>	<b>60 days</b>	<b>Rs 480000</b>

Hospital daily expenses for baby are 10000-12000 per day. Hospital has given concession to family to Rs 7000 per day.

Approximate expenditure will be 300000.

Thanking you

Dr Srishti Goel

Consultant neonatologist & head

Department of Neonatology

Kidney Hospital & Lifeline Medical Institutions,  
63 & 64, Waryam Nagar, Cool Road, Jalandhar



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## DEPARTMENT OF RADIOLOGY

### REPORTS

**Patient Name** : B/O RAJWINDER KAUR      **CR.NO.** : 1051036      **Collected** : 20-SEP-2024 02.00 AM  
**Age** : 2 DAYS      **Gender** : FEMALE      **Lab No** : 3078382      **Reported** : 20-SEP-2024 02:39 AM  
**Doctor Incharge** : DR.SRISHTI GOEL,MD,DM.      **Room No** : NICU BED NO: 19.      **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
CALCIUM, SERUM	: 5.83	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  
(CONSULTANT PATHOLOGIST)

Prepared By: SatjitL (1963)





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## DEPARTMENT OF LABORATORY

### REPORTS

Patient Name : B/O RAJWINDER KAUR CR.NO. : 1051036 Collected : 19-SEP-2024 07.30 PM  
 Age : 1 DAYS Gender : FEMALE Lab No : 3078285 Reported : 19-SEP-2024 07:41 PM  
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 19 Status : FINAL

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

ACID/BASE 37.0oC	:	
pH	: 7.359	7.350 - 7.450
pCO2	: 32.2	mmHg 35 - 45
pO2	: 38.3	mmHg 83 - 108
HCO3-act	: 17.7	mmol/L 21.0 - 28.0
HCO3-std	: 19.1	mmol/L 21.0 - 28.0
BE(B)	: -6.4	mmol/L -2.0 - 3.0
BE(ecf)	: -7.7	mmol/L -2.0 - 3.0
ctCO2	: 18.7	mmol/L 22.0 - 29.0
CO-OXIMETRY	:	
Hct	: 49	% 36 - 52
tHb	: 16.7	g/dl 12.0 - 17.5
sO2	: 85.5	% > 95
FO2Hb	: 83.6	% 94.0 - 98.0
FCOhb	: 1.6	% 0.5 - 1.5
FMetHb	: 0.6	% 0.0 - 1.5
FHHb	: 14.2	% 0.0 - 5.0
nBili	: 8.9	mg/dl 2.0 - 6.0
OXYGEN STATUS 37.0oC	:	
BO2	: 22.7	mL/dL
ELECTROLYTES	:	
Na+	: 140.4	mmol/L 136 - 145
K+	: 6.34	mmol/L 3.4 - 4.5
Ca++	: 0.77	mmol/L 1.15 - 1.33
Ca++(7.4)	: 0.76	mmol/L
Cl-	: 104	mmol/L 98 - 107



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.



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**Age** : 1 DAYS      **Gender** : FEMALE      **Lab No** : 3078285      **Reported** : 19-SEP-2024 07:41 PM  
**Doctor Incharge** : DR.SRISHTI GOEL,MD,DM.      **Room No** : NICU BED NO: 19      **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
AnGap	: 25.0	mmol/L 10.0 - 18.0
mOsm	: 284.5	mmol/kg
<b>METABOLITES</b>	:	
Glu	: 87	mg/dL 65 - 95
Lac	: 2.89	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 -----

*Surabhi*

**DR.SURABHI**  
(CONSULTANT PATHOLOGIST)

Prepared By: ROSELEEN (0021)





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## DEPARTMENT OF LABORATORY

### REPORTS

**Patient Name** : B/O RAJWINDER KAUR      **CR.NO.** : 1051038      **Collected** : 19-SEP-2024 07.00 PM  
**Age** : 1 DAYS      **Gender** : FEMALE      **Lab No** : 3078286      **Reported** : 19-SEP-2024 08:28 PM  
**Doctor Incharge** : DR.SRISHTI GOEL,MD,DM.      **Room No** : NICU BED NO: 19      **Status** : INTERIM

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

RBC	:	
NUCLEATED RBC	:	
WBC	:	/Cu mm
CORRECTED WBC ON SMEAR	:	
NEUTROPHILS+BANDS	:	%
IMMATURE CELLS	:	%
LYMPHOCYTES	:	%
EOSINOPHILS+MONOCYTES	:	%
PLATELET COUNTS	:	/Cu mm
ANALYSIS	:	
ANC	:	/Cu mm
CRP	:	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	:	
IMPRESSION	:	
ADVISED	:	

#### 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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## DEPARTMENT OF LABORATORY

### REPORTS

Patient Name : B/O RAJWINDER KAUR CR.NO. : 1051036 Collected : 19-SEP-2024 07.00 PM  
 Age : 1 DAYS Gender : FEMALE Lab No : 3078286 Reported : 19-SEP-2024 08:28 PM  
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 19 Status : INTERIM

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
COMPLETE BLOOD COUNT,CBC :	:	
Hb	: 15.8	GM/DL 12.0 - 16.0
WBC COUNT :	:	
TLC	: 17600	/Cu mm 4000-11000
DIFFERENTIAL COUNT :	:	
LYM	: 31.7	% 20.0 - 40.0
MID	: 4.6	% 3.0 - 9.0
GRAN	: 63.7	% 50.0 - 70.0
RBC INDICES :	:	
RBC	: 4.02	ul 3.5 - 5.5
HCT	: 44.1	% 37.0 - 50.0
MCV	: 109.7	fL 82.0 - 95.0
MCH	: 39.3	pg 27.0 - 31.0
MCHC	: 35.8	g/dl 32.0 - 36.0
PLATLET INDICES :	:	
PLATELET COUNTS	: 334000	/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 : 0.63 MG/L

METHOD : NEPHELOMETRIC ASSAY



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## DEPARTMENT OF LABORATORY

### REPORTS

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**Age** : 1 DAYS      **Gender** : FEMALE      **Lab No** : 3078286      **Reported** : 19-SEP-2024 08:28 PM  
**Doctor Incharge** : DR.SRISHTI GOEL,MD,DM.      **Room No** : NICU BED NO: 19      **Status** : INTERIM

#### TEST

#### OBSERVED VALUE

#### BIOLOGICAL REFERENCE

**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)

Prepared By: (Signature) (33)



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### REPORTS

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**Age** : 1 DAYS      **Gender** : FEMALE      **Lab No** : 3078281      **Reported** : 19-SEP-2024 08:29 PM  
**Doctor Incharge** : DR.SRISHTI GOEL,MD,DM.      **Room No** : NICU BED NO: 19      **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
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ABO GROUP	: B	
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 -----

DR. SURABHI  
(CONSULTANT PATHOLOGIST)

Prepared By: SAHIL (1963)



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



ਭਾਰਤ ਸਰਕਾਰ

Government of India



ਰਜਵਿੰਦਰ ਕੌਰ

Rajwinder Kaur

ਜਨਮ ਮਿਤੀ/DOB: 14/12/1994

ਔਰਤ/ FEMALE

308 [REDACTED] 356

VID : 9119 3999 3146 9518

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

Issue Date: 11/10/2011



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Unique Identification Authority of India



ਪਤਾ:

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ਹੁਸ਼ਿਆਰਪੁਰ,  
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C/O: Jatinder Kumar, WARD NO 6, Miani,  
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30

356

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ਭਾਰਤ ਸਰਕਾਰ

Government of India



ਜਤਿੰਦਰ ਕੁਮਾਰ

Jatinder Kumar

ਜਨਮ ਮਿਤੀ / DOB: 28/12/1984

ਪੁਰਸ਼ / Male

625 [REDACTED] 699



ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ



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Unique Identification Authority of India

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