



**My Daughter Is Fighting For Her Life
And We Need Your Support To Save Her
[CLICK HERE TO DONATE](#)**

N. I. C. U. INFANT'S CARD

Name: B/O Gurezinder Kaur CR No: 1055843
Father's Name: Harmanjit Singh Sex: Female
Date of Birth: 25/02/25 Time of birth: 3:50 PM
Birth Weight: 930 gm Gestation: 32+2 wks
Date of Admission: 25/02/25 Wt. at Admission: 930 gm
Consultant: Dr. Brishiti Goel
Diagnosis: S/P PT | 32+2 wks | 930 gm | Female | 9cmA | 10cmR |
LSC | 1/10 Uteroplacental | DNCIAB | 6,7 | MH 0.180 |
Maternal HTE AEDF | Uteroplacental wryy.
RF 1 | hg clear | ANS covered | RD 6/10 | ADS



Kidney Hospital & Lifeline Medical Institutions



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PMP Trust





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ESTIMATE for B/O GURINDER 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	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..

Thanking you

Dr Srishti Goyal

Consultant neonatologist & head

Department of Neonatology

Kidney & Lifeline Medical Institutions. Jalandhar, Punjab



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DEPARTMENT OF LABORATORY

REPORTS

Patient Name : B/O GURINDER KAUR CR.NO. : 1055843 Collected : 25-FEB-2025 06:50 PM
 Age : 0 Days Gender : FEMALE Lab No : 3173613 Reported : 25-FEB-2025 07:42 PM
 Doctor Incharge : DR.SRISHTI GOEL,MD,DM. Room No : NICU BED NO: 6 Status : FINAL

TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
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SEPTIC SCREEN ANALYSIS

RBC	: MACROCYTES, POLYCHROMASIA	
NUCLEATED RBC	: 35 NRBC'S/100WBC'S	
WBC	: 8990	/Cu mm
CORRECTED WBC ON SMEAR	: 6658	
NEUTROPHILS+BANDS	: 43+03	%
IMMATURE CELLS	: 03	%
LYMPHOCYTES	: 48	%
EOSINOPHILS+MONOCYTES	: 01+02	%
PLATELET COUNTS	: 212000	/Cu mm
ANALYSIS	:	
ANC	: 2966	/Cu mm
C. REACTIVE PROTEIN,QUANTITATIVE	: <0.40	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	: 0.12	
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

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 PLEASE CORRELATE CLINICALLY. IF RESULTS APPEAR UNEXPECTED, CONTACT IMMEDIATELY FOR REPEAT TEST.



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TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
COMPLETE BLOOD COUNT,CBC :		
Hb	: 18.4	GM/DL 12.0 - 16.0
WBC COUNT :		
TLC	: 8990	/Cu mm 4000-11000
DIFFERENTIAL COUNT :		
NEUTROPHIL	: 48.0	% 40.0 - 75.0
LYMPHOCYTE	: 48.0	% 15.0 - 45.0
MONOCYTE	: 5.0	% 4.0 - 13.0
EOSINOPHIL	: 1.0	% 0.5 - 7.0
BASOPHIL	: 0.0	% 0.0 - 2.0
RBC INDICES		
RBC	: 4.84	ul 3.9 - 5.8
HCT	: 57.3	% 35.0 - 49.0
MCV	: 118.4	fL 75.0 - 97.0
MCH	: 38.0	pg 26.5 - 33.0
MCHC	: 32.1	g/dL 32.0 - 36.0
RDW-CV	: 20.7	% 12.0 - 18.0
RDW-SD	: 89.7	fL 37.0 - 56.0
PLATLET INDICES		
PLT	: 212000	/Cu mm 150000 - 450000
MPV	: 10.1	fL 7.4 - 11.0
PCT	: 0.214	% 0.150-0.400
PDW	: 16.8	fL 11.0 - 20.0



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TEST	OBSERVED VALUE	BIOLOGICAL REFERENCE
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METHOD : PHOTOMETRY,ELECTRICAL IMPEDANCE,OPTICAL/IMPEDANCE & CALCULATED

INTERPRETATIONS :

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	: <0.400	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 -----

Surabhi

DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: KAJAL (1938)



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Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 6 **Status** : INTERIM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
SEPTIC SCREEN ANALYSIS		
RBC	:	
NUCLEATED RBC	:	
WBC	:	10 ⁹ /mm ³
CORRECTED WBC ON SMEAR	:	
NEUTROPHILS+BANDS	:	%
IMMATURE CELLS	:	%
LYMPHOCYTES	:	%
EOSINOPHILS+MONOCYTES	:	%
PLATELET COUNTS	:	10 ⁹ /mm ³
ANALYSIS	:	
ANC	:	10 ⁹ /mm ³
C. REACTIVE PROTEIN,QUANTITATIVE	:	mg/l
IMMATURE CELLS:TOTAL RATIO	:	
I.T. RATIO	:	
IMPRESSION	:	
ADVISED	:	

INTERPRETATIONS :

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PDW	: 16.8	fL 11.0 - 20.0

METHOD : PHOTOMETRY,ELECTRICAL IMPEDANCE.OPTICAL/IMPEDANCE & CALCULATED

INTERPRETATIONS :



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C. REACTIVE PROTEIN, QUANTITATIVE	: <0.400	mg/L
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Age : 0 Days **Gender** : FEMALE **Lab No** : 3173612 **Reported** : 25-FEB-2025 07:40 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 6 **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 -----

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Patient Name : B/O GURINDER KAUR **CR.NO.** : 1055843 **Collected** : 25-FEB-2025 06:20 PM
Age : 0 Days **Gender** : FEMALE **Lab No** : 3173614 **Reported** : 25-FEB-2025 06:29 PM
Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 6 **Status** : FINAL

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

ACID/BASE 37.0oC

pH	: 7.358	7.350 - 7.450
pCO2	: 40.7	mmHg 35 - 45
pO2	: 58.9	mmHg 83 - 108
HCO3-act	: 22.4	mmol/L 21.0 - 28.0
HCO3-std	: 22.0	mmol/L 21.0 - 28.0
BE(B)	: -2.9	mmol/L -2.0 - 3.0
BE(ecf)	: -3.1	mmol/L -2.0 - 3.0
ctCO2	: 23.6	mmol/L 22.0 - 29.0

CO-OXIMETRY

Hct	: 52	% 46 - 52
tHb	: 17.7	g/dl 12.0 - 17.5
sO2	: 94.5	% 92
FO2Hb	: 92.8	94.0 - 98.0
FCOhb	: 1.1	0.5 - 1.5
FMetHb	: 1.0	0.0 - 1.5
FHHb	: 5.1	0.0 - 5.0
nBill	: 3.4	mg/dl 2.0 - 6.0

OXYGEN STATUS 37.0oC

BO2	: 24.1	ml/dL
-----	--------	-------

ELECTROLYTES

Na+	: 152.2	mmol/L 136 - 145
K+	: 2.96	mmol/L 3.4 - 4.5
Ca++	: 1.01	mmol/L 1.15 - 1.33
Ca++(7.4)	: 0.99	mmol/L
Cl-	: 120	mmol/L 98 - 107



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Doctor Incharge : DR.SRISHTI GOEL,MD,DM. **Room No** : NICU BED NO: 6 **Status** : FINAL

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>BIOLOGICAL REFERENCE</u>
AnGap	: 12.8	mmHg 11.0 - 18.0
mOsm	: -	mmol/kg
METABOLITES	: -	
Glu	: -	mg/dL 65 - 95
Lac	: 2.66	mg/dL 0.35 - 1.75

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 -----

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Government of India



Download Date: 07/11/2020



ਗੁਰਿੰਦਰ ਕੌਰ

Gurinder Kaur

ਜਨਮ ਮਿਤੀ/DOB: 23/07/1990

ਔਰਤ/ FEMALE

Issue Date: 26/10/2020

6584 940

VID : 9101 1980 1800 2252

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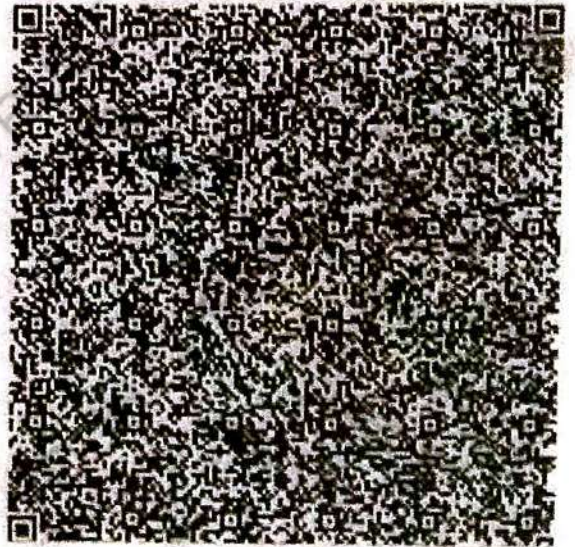


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Government of India



ਹਰਮਨਜੀਤ ਸਿੰਘ

Hamanjit Singh

ਜਨਮ ਮਿਤੀ/DOB: 21/01/1988

ਮਰਦ/ MALE

Download Date: 14/01/2020

Issue Date: 31/12/2019

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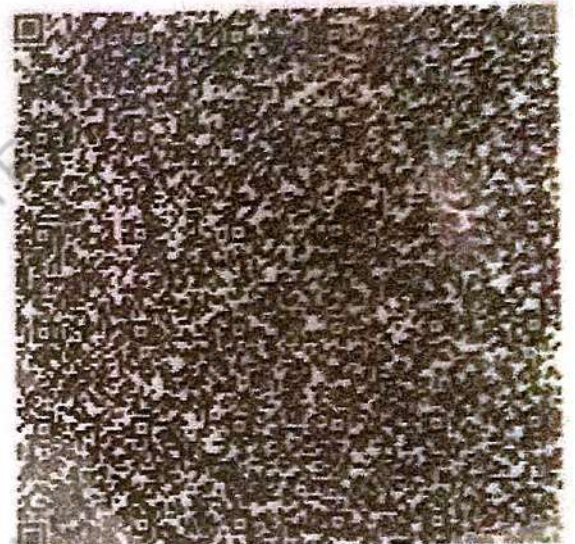


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