







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.	7787
D.O.A.	16/4/25 at 12:00
D.O.D.	

Patient's Name B/o Parul

SW/D of Moksh Age NB Sex female

Occupation Marital Status

Address H.No. D6 Sec-15 FRD

..... Phone No.

Consultant Incharge Dr. Pawan Kumar Sharma Relation father



SWASTIK Lab

Patient Name: Baby of PARUL
 Referred By: Dr. SWASTIK MULTISPECIALITY HOS.
 Reg. no. 73027
 Collected on: 16/04/2025
 Age / Sex: 1 days / F
 Date: 16/04/2025
 Reported on: 16/04/2025 07:20 PM



73027

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	L 15.2	g/dl	17 - 23
Total Leukocyte Count	H 12,600	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	51	%	40 - 80
Lymphocyte	39	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	05	%	2 - 10
Basophils		%	< 2
Platelet Count	2.97	lakhs/cumm	1.5 - 4.5
Total RBC Count	4.2	million/cumm	3.9 - 4.8
Hematocrit Value, Hct	H 50.9	%	36 - 46
Mean Corpuscular Volume, MCV	H 121.2	fL	83 - 101
Mean Cell Haemoglobin, MCH	H 36.2	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	L 29.9	%	31.5 - 34.5
Mean Platelet Volume, MPV	10.8	fL	6.5 - 12
R.D.W. - SD	H 65.6	fL	39 - 46
R.D.W. - CV	H 15.4	%	11.6 - 14

SEROLOGY & IMMUNOLOGY

TEST	VALUE	UNIT	REFERENCE
C-Reactive Protein, CRP (Quantitative)	2.3	mg/dl	< 6.0 mg/L

~~~ End of report ~~~



Anil Kumar  
 M.Sc. Microbiology  
 Lab Incharge

*Bushra*

Dr Bushra Abid  
 M.B.B.S, M.D  
 Consultant pathologist

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## HAEMATOLOGY

### COMPLETE BLOOD COUNT (CBC)

| TEST                            | VALUE    | UNIT         | REFERENCE      |
|---------------------------------|----------|--------------|----------------|
| Hemoglobin                      | L 15.2   | g/dl         | 17 - 23        |
| Total Leukocyte Count           | H 12,600 | cumm         | 4,000 - 11,000 |
| Differential Leucocyte Count    |          |              |                |
| Neutrophils                     | 51       | %            | 40 - 80        |
| Lymphocyte                      | 39       | %            | 20 - 40        |
| Eosinophils                     | 05       | %            | 1 - 6          |
| Monocytes                       | 05       | %            | 2 - 10         |
| Basophils                       |          | %            | < 2            |
| Platelet Count                  | 2.97     | lakhs/cumm   | 1.5 - 4.5      |
| Total RBC Count                 | 4.2      | million/cumm | 3.9 - 4.8      |
| Hematocrit Value, Hct           | H 50.9   | %            | 36 - 46        |
| Mean Corpuscular Volume, MCV    | H 121.2  | fL           | 83 - 101       |
| Mean Cell Haemoglobin, MCH      | H 36.2   | Pg           | 27 - 32        |
| Mean Cell Haemoglobin CON, MCHC | L 29.9   | %            | 31.5 - 34.5    |
| Mean Platelet Volume, MPV       | 10.8     | fL           | 6.5 - 12       |
| R.D.W. - SD                     | H 65.6   | fL           | 39 - 46        |
| R.D.W. - CV                     | H 15.4   | %            | 11.6 - 14      |

### SEROLOGY & IMMUNOLOGY

| TEST                                   | VALUE | UNIT  | REFERENCE  |
|----------------------------------------|-------|-------|------------|
| C-Reactive Protein, CRP (Quantitative) | 2.3   | mg/dl | < 6.0 mg/L |

~~~ End of report ~~~



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HAEMATOLOGY
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SEROLOGY & IMMUNOLOGY

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M.Sc. Microbiology  
Lab Incharge

*Bushra*

Dr Bushra Abid  
M.B.B.S, M.D  
Consultant pathologist



## Hospital Recommendation letter

Date: 18/04/2025

Name of the child:- Baby Of Parul

Age:-3 Days

Gender: Female

**Medical Diagnosis: Congenital Heart defect/Extremely Low Birth Weight /RDS /HMD/ sepsis/ ARDS /Shock/Neonatal sepsis/ Apnoea**

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

**Proposed date of Surgery/Treatment: Upto 3 wks**

**Estimated cost of treatment (with break ups): Rs 300000/-**

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. (I.M.H.)  
Reg. No. HN-7303

Name of Medical Practitioner: Dr. Pawan Kumar Sharma

Designation: Consultant Paediatrics

Department: Paediatrics

दिनांक :- 17-04-25

श्रीवा में

वन लाइफ ऑर्गेनाइजेशन  
महोदय

श्रीविनय निवेदन यह है कि मेरी लक्ष्मी  
लक्ष्मी बिमारी से कुछ रही है,  
मैं आपसे विनती करता हूँ  
मेरी लक्ष्मी की मदद करें  
उसके स्वास्थ्य खराब होता जा रहा  
है। मेरी लक्ष्मी दिन व दिन बढ़ती  
जा रही है। मेरी लक्ष्मी N.T.C.U  
लैबोरेटर में है। कृपा उसको मदद  
करें उसे नया जीवन दान दें  
कृपा हम माझी रहेंगे आप पर

प्राणी  
माझी

Refer to One Life Organist

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