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SHIVA HOSPITAL

287-A, Mata Road, Sector-12A, Near Dada Singha
Chowk, Gurugram - 122 001 (Haryana)



REQUESTION LETTER

TO
REBIRTH CARE TRUST

Sub - Help the poor Baby. Anjali (IP-573/23)

Respected Sir/Mam,

This is to certify that **Baby. Anjali (IP-573/23)** is being treated at Shiva Hospital since 29/09/2023 at 07:10PM. The expected stay of baby is for next 8 to 10 days.

Parents are poor & Unable to bare the expanses.

Expected expanses are Rs. 100,000/- to 120,000/-

Please help the poor baby financially and oblige them . That shall be a great help for the parents.

Thanks & Regards

Dr. Anurag Sobhari

Head ICU

SHIVA HOSPITAL
287A, Mata Road, Sector 12A,
Near Singha Chowk, Gurugram





SHIVA HOSPITAL

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Brief summary.

12 yrs old female Angali D/o Mr. Santosh is admitted in this hospital @ 2/1/10 @ 10:00 AM @ flank, swelling,

in no road side Accident. Concious, vitals stable, C/S - NAD, C/S - S/S 2 @, B/LA 30th (R) @

Find (R) hypo chondri sign.

C/S W/A 1 29/12/10. → free fluid seen outside (R) Peri Renal Sign

and Pelvis - suspicious for (Rt) Renal Injury - Grade I/II.

→ Internal echoes seen in urinary bladder - ? hematuria

- It required CT urography.

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Not Valid for Medical Legal Purpose



LOCATION



BABY.ANJALI 12YRS 1805 F 29-Sep-23 11:06 AM
RION'S DIAGNOSTIC CENTRE, GURUGRAM

Rebirth Care Trust



NARAYAN ULTRASOUND & DIAGNOSTIC CENTRE

Patient's Name	Ms. Anjali	Age & Sex	12Y/F
Referred By	Kutumb Hospital	Date	29-Sep-23

U.S.G. OF ABDOMEN & PELVIS

LIVER: Normal in size, shape & echogenicity. Intra Hepatic Biliary radicals are not dilated. No evidence of focal or diffuse mass lesion. IVC & Portal vein are normal. Right hemi diaphragm shows normal excursion.

GALL BLADDER: Physiologically dilated. No evidence of stone. There is no mass, wall thickening or pericholecystic collection seen. CBD measures normal.

PANCREAS: Only head & body seen and is normal in size, shape & echotexture. Rest obscured by gas shadowing.

SPLEEN: Normal in size, shape & echo-texture. No evidence of focal or diffuse lesion.

RIGHT KIDNEY: Normal in size, shape and position. Cortico medullary differentiation maintained. Cortical thickness and echogenicity are normal. Pelvi-calyceal system is not dilated. No evidence of stone.

There is a subcapsular anechoic fluid collection associated with increased echogenicity (6.6 x 4.2 cm) of upper and mid pole of right kidney - likely subcapsular haematoma with contusion/laceration injury.

Surrounding fat stranding is noted. Doppler study reveals maintained vasculature of right kidney.

LEFT KIDNEY: Normal in size, shape and position. Cortico medullary differentiation maintained. Cortical thickness & echogenicity are normal. Pelvi-calyceal system is not dilated. No evidence of stone.

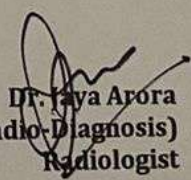
URINARY BLADDER: UB is filled with internal echoes. No evidence of mucosal thickening & intravesical calculus.

No adnexal mass is seen.
Mild free fluid is seen in pelvis..

OPINION: U.S.G. findings are suggestive of: -

- **Free fluid seen right peri renal region and pelvis - suspicious for right renal injury - Grade I/II. Advise CECT abdomen for detailed evaluation.**
- **Internal echoes seen in urinary bladder - ? hematuria. Advice - Urine R/M**

Please correlate clinically and with relevant investigations


Dr. Jyoti Arora
MD, DNB (Radio-Diagnosis)
Radiologist

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Patient Name: MISS. ANJALI
Lab No: 1378
Referred By: SHIVA HOSPITAL
Patient Location: GURGAON

Age: 12 Yrs **Sex:** F
Sample: BLOOD
Investigation Date: 29-09-2023
Reporting Date: 30-09-2023

Test	Result	Units	Ref. Range
Kidney Function Test			
Urea	19.5	mg/dl	13 - 40
Creatinine	0.73	mg/dl	0.6 - 1.2
Uric Acid	4.5	mg/dl	2.5- 6.8
Sodium	137.5	mmol/L	(134-145)
Potassium	4.02	mmol/L	(3.6-5.2)
Chloride	104.0	mmol/L	(98-106)

INTERPRETATION-----

Urea is the end product of product of protein metabolism. It reflects on functioning of the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations. Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake, excretion and other means of elimination, exercise, hydration and medications. Calcium imbalance may cause a spectrum of disease. High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency renal insufficiency and Hyperparathyroidism. Repeat measurement is recommended if the values are outside the reference range.

Test Method: Clinical Biochemistry

Sr. Lab. Technician

Sarita

DR. SARITA PRASAD
MBBS, DNB Pathology
Sr. Consultant (HMC.9669)



JPRD DIAGNOSTIC
CARING FOR YOUR.....HEALTH



Patient Name: MISS. ANJALI

Age: 12 Yrs Sex: F

Lab No: 1378

Sample: BLOOD

Referred By: SHIVA HOSPITAL

Investigation Date: 29-09-2023

Patient Location: GURGAON

Reporting Date: 30-09-2023

Test	Result	Units	Ref. Range
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Liver Function Test (LFT)

Total Protein	7.2	g/dl	6.4 - 8.3
Albumin	4.0	g/dl	3.5 - 5.2
Globulin	3.2	g/dl	2.3 - 3.5
A.G. ratio	1.25		0.7 - 1.4
Bilirubin (Total)	0.86	mg/dl	0.10 - 1.20
Bilirubin (Direct)	0.27	mg/dl	0.0 - 0.40
Bilirubin (Indirect)	0.59	mg/dl	0.0 - 0.70
Aspartate Transaminase (SGOT)	129.1	IU/L	5.0 - 40.0
Alanine Transaminase (SGPT)	93.4	IU/L	0.0 - 45.0
Alkaline Phosphatase	201.0	IU/L	39.0-134.0

Comment:

Liver function test is used to detect, evaluate, and monitor liver disease or damage. This includes several tests which are associated with functionality and cellular integrity.

These tests can be used to detect the presence of liver disease, differentiate between acute viral hepatitis and various cholestatic disorders and chronic liver disease. (CLD), gauge the extent of known liver damage, and follow the response to treatment.

Increased or decreased levels of any one or more parameters may be associated with liver diseases.

Test Method: Clinical Biochemistry

Sr. Lab. Technician

Prasad

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Patient Name: MISS. ANJALI	Age: 12 Yrs Sex: F
Lab No: 1378	Sample: BLOOD
Referred By: SHIVA HOSPITAL	Investigation Date: 29-09-2023
Patient Location: GURGAON	Reporting Date: 30-09-2023

Test	Result	Units	Ref. Range
CBC :			
Haemoglobin	11.9	gm/dl	(11.0-15.0)
Packed Cell, Volume	32.2	%	(35-45)
Total Leukocyte Count (TLC)	14700	/cumm	(4000-11000)
RBC Count	3.26	Millions/cmm	(3.8-4.8)
MCV	98.7	fL	(80-100)
MCH	36.5	picogram	(27-32)
MCHC	36.9	gm/dl	(31.5-34.5)
Platelet Count	1.80	Lakh/cmm	(1.50-4.50)
RDW	17.4	FL	(11.0-15.0)
Differential Leukocyte Count:			
Neutrophils	85.0	%	(40.00-70.00)
Lymphocytes	10.0	%	(20.00-45.00)
Monocytes	03.0	%	(2.00-10.00)
Eosinophils	02.0	%	(1.00-6.00)
Basophils	0.0	%	(<2.00)

BIOCHEMISTRY

Blood Sugar Random	81	mg/dl	(80 - 140)
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Sr. Lab. Technician

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The Result Of Above Investigation Is Related With The Clinical & Other Investigative Findings.
If The Result Is Alarming Or Unexpected, Please Contact The Lab For A Review.