

SHIVA HOSPITAL

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



Request Letter

To Rebirth care Trust Date -09/12/2023

Sub- Help the poor Baby of karuna (UHID - 23/766)

Respected Sir/Madam,

This is to certify that Baby of karuna (UHID - 23/766) is being treated at Shiva Hospital since 04/12/23. The expected stay of baby is for another 2 weeks. Parents are poor & unable to bare the expanses. Expected expanses are Rs. 90,000/- to Rs 110,000/- Please help the poor baby financially & oblige them. That shall be a great help for the parents.

Thanks & Regards Shiva Hospital Dr. Anurag sobhari 9319119256







Lab No: 1705

Referred By: SHIVA HOSPITAL

Patient Location: GURGAON

Age: 01 DAYS Sex: M

Sample: BLOOD

Investigation Date: 05-12-2023

Reporting Date: 05-12-2023

Test	Result	Units	Ref. Range
HAEMOGRAM:			
Haemoglobin	15.7	gm/dl	(14.0-22.0)
Packed Cell, Volume	43.6	%	(42-64)
Total Leukocyte Count (TLC)	7600	10 ³ /ul	(5000-21000)
RBC Count	4.18	10 ³ /ul	(3.9-6.3)
MCV	94.9	fL	(90-120)
MCH	35.1	pg	(31-37)
MCHC	37.0	gm/dl	(29-36)
Platelet Count	3.88	10 ³ /ul	(150-500)
RDW	16.0	%	(11.5-14.5)
Differential Leukocyte Count:			
Neutrophils	25.0	%	(20.00-45.00)
Lymphocytes	65.0	%	(40.00-75.00)
Monocytes	03.0	%	(2.00-10.00)
Eosinophils	02.0	%	(1.00-6.00)
Basophils	0.0	%	(<2.00)

HAEMATOLOGY:

Blood Group & Rh factor

'O' Positive

Sr. Lab. Technician

DR. Monika M.B.B.S, M.D

Consultant Pathologist

SHIVA HOSPITAL: 287-A, Mata Road, Sector-12A, Near Dada Singha Chowk, Gurugram | 9818793428
NOT FOR MEDICO LEGAL PURPOSE

The Result of Above Investigations Are to be co-related with the clinical & other investigative findings. If any result is Alarming or unexpected, Please Contact The Lab Immediately For A Review.



Lab No: 1705

Referred By: SHIVA HOSPITAL

Patient Location: GURGAON

Age: 01 DAYS Sex: M

Sample: BLOOD

Investigation Date: 05-12-2023

Reporting Date: 05-12-2023

Test	Result	Units	Ref. Range
BIOCHEMISTRY			
Blood Sugar Random	38	mg/dl	(80 - 140)
SEROLOGY:			
CRP QUANTITATIVE	9.91	ng/L	0-6

Comment:

C-reactive protein (CRP) is a normal serum constituent present in healthy individuals in very low concentrations. Invasive bacterial infection and extensive tissue damage cause CRP levels to increase. CRP levels rise rapidly and increased values can be detected within 6 to 12 hours after an inflammatory Process has begun. Hence the CRP level is usually clearly elevated when a patient is admitted to hospital.

CRP values peak and normalize considerably more quickly than to other parameters of inflammations. Complications, should they occur, cause the CRP values to increase again or to be elevated constantly. Measurement of CRP concentrations provides valuable information for the diagnosis of bacterial infections specially in neonates. The CRP concentration has been reported to be a sensitive indicator for use when monitoring the efficacy of antimicrobial therapy, for the follow up of bacterial infections, and monitoring

Postoperative infections. Monitoring CRP levels may contribute to the early recognition of intercurrent Complications occuring after myocardial infarction.

Sr. Lab. Technician

Monica DR. Monika

M.B.B.S, M.D Consultant Pathologist

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Age: 01 DAYS Sex: M

Lab No: 1705

Sample: BLOOD

Referred By: SHIVA HOSPITAL

Investigation Date: 05-12-2023

Patient Location: GURGAON

Reporting Date: 05-12-2023

Test

Result

Units

Ref. Range

Liver Function Test (LFT)

Total Protein	6.5	g/dl	6.4 - 8.3
Albumin	3.2	g/dl	3.2 - 4.2
Globulin	3.3	g/dl	2.3 - 3.5
A.G. ratio	0.96		0.7 - 1.4
Bilirubin (Total)	8.23	mg/dl	1.2 - 12.0
Bilirubin (Direct)	1.62	mg/dl	
Bilirubin (Indirect)	6.61	mg/dl	1.2 - 12.0
Aspartate Transaminase (SGOT)	38.5	IU/L	5.0 - 40.0
Alanine Transaminase (SGPT)	44.6	IU/L	0.0 - 45.0
Alkaline Phosphatase	124.0	IU/L	54.0-369.0

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

Marica

DR. Monika M.B.B.S, M.D **Consultant Pathologist**

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Lab No: 1708

Referred By: SHIVA HOSPITAL

Patient Location: GURGAON

Age: 04 DAYS Sex: M

Sample: BLOOD

Investigation Date: 08-12-2023

Reporting Date: 08-12-2023

Test	Result	Units	Ref. Range
HAEMOGRAM:			
Haemoglobin	15.5	gm/dl	(14.0-22.0)
Packed Cell, Volume	42.8	%	(42-64)
Total Leukocyte Count (TLC	8500	10 ³ /ul	(5000-21000)
RBC Count	4.12	10 ³ /ul	(3.9-6.3)
MCV	95.0	fL	(90-120)
MCH	34.8	pg	(31-37)
MCHC	36.2	gm/dl	(29-36)
Platelet Count	3.55	10 ³ /ul	(150-500)
RDW	16.2	_ %	(11.5-14.5)
Differential Leukocyte Coun	t:		
Neutrophils	30.0	%	(20.00-45.00)
Lymphocytes	64.0	%	(40.00-75.00)
Monocytes	04.0	%	(2.00-10.00)
Eosinophils	02.0	%	(1.00-6.00)
Basophils	0.0	%	(<2.00)

Sr. Lab. Technician

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Lab No: 1708

Referred By: SHIVA HOSPITAL

Patient Location: GURGAON

Age: 04 DAYS Sex: M

Sample: BLOOD

Investigation Date: 08-12-2023

Reporting Date: 08-12-2023

Test	Result	Units	Ref. Range
BIOCHEMISTRY			
Blood Sugar Random	105	mg/dl	(80 - 140)
SEROLOGY:			
CRP QUANTITATIVE	12.33	mg/L	0- 6
Comment:			

C-reactive protein (CRP) is a normal serum constituent present in healthy individuals in very low concentrations. Invasive bacterial infection and extensive tissue damage cause CRP levels to increase. CRP levels rise rapidly and increased values can be detected within 6 to 12 hours after an inflammatory Process has begun. Hence the CRP level is usually clearly elevated when a patient is admitted to hospital.

CRP values peak and normalize considerably more quickly than to other parameters of inflammations. Complications, should they occur, cause the CRP values to increase again or to be elevated constantly. Measurement of CRP concentrations provides valuable information for the diagnosis of bacterial infections specially in neonates. The CRP concentration has been reported to be a sensitive indicator for use when monitoring the efficacy of antimicrobial therapy, for the follow up of bacterial infections, and monitoring

Postoperative infections. Monitoring CRP levels may contribute to the early recognition of intercurrent Complications occuring after myocardial infarction.

Sr. Lab. Technician

novica DR. Monika M.B.B.S, M.D

Consultant Pathologist



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Investigation Date: 08-12-2023

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Ref. Range Units Result Test

Liver Function Test (LFT)

Total Protein	6.5	g/dl	6.4 - 8.3
Albumin	3.3	g/dl	3.2 - 4.2
Globulin	3.2	g/dl	2.3 - 3.5
A.G. ratio	1.03		0.7 - 1.4
Bilirubin (Total)	13.25	mg/dl	1.2 - 12.0
Bilirubin (Direct)	1.89	mg/dl	
Bilirubin (Indirect)	11.66	mg/dl	1.2 - 12.0
Aspartate Transaminase (SGOT)	45.8	IU/L	5.0 - 40.0
Alanine Transaminase (SGPT)	57.2	IU/L	0.0 - 45.0
Alkaline Phosphatase	137.9	IU/L	54.0-369.0

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.

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Test Method: Clinical Biochemistry

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Lab No: 1712

Referred By: SHIVA HOSPITAL

Patient Location: GURGAON

Age: 05 DAYS Sex: M

Sample: BLOOD

Investigation Date: 09-12-2023

Reporting Date: 09-12-2023

Test	Result	Units	Ref. Range
HAEMOGRAM:			
Haemoglobin	15.2	gm/dl	(14.0-22.0)
Packed Cell, Volume	43.7	%	(42-64)
Total Leukocyte Count (TLC)	8100	10 ³ /ul	(5000-21000)
RBC Count	4.16	10 ³ /ul	(3.9-6.3)
MCV	94.2	fL	(90-120)
MCH	35.0	pg	(31-37)
MCHC	36.4	gm/dl	(29-36)
Platelet Count	3.25	10 ³ /ul	(150-500)
RDW	15.8	- %	(11.5-14.5)
Differential Leukocyte Count:			
Neutrophils	30.0	%	(20.00-45.00)
Lymphocytes	65.0	%	(40.00-75.00)
Monocytes	03.0	%	(2.00-10.00)
Eosinophils	02.0	%	(1.00-6.00)
Basophils	0.0	%	(<2.00)
BIOCHEMISTRY			
Bilirubin (Total)	15.10	mg/dl	1.2 - 12.0
Bilirubin (Direct)	1.99	mg/dl	
Bilirubin (Indirect)	11.66	→ mg/dl	1.2 - 12.0

Sr. Lab. Technician

Marica
DR. Monika

M.B.B.S, M.D Consultant Pathologist

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Age: 05 DAYS Sex: M

Lab No: 1712

Sample: BLOOD

Referred By: SHIVA HOSPITAL

Investigation Date: 09-12-2023

Patient Location: GURGAON

Reporting Date: 09-12-2023

Test

Result

Units

Ref. Range

SEROLOGY:

CRP QUANTITATIVE

15.30

mg/L

0-6

Comment:

C-reactive protein (CRP) is a normal serum constituent present in healthy individuals in very low concentrations. Invasive bacterial infection and extensive tissue damage cause CRP levels to increase. CRP levels rise rapidly and increased values can be detected within 6 to 12 hours after an inflammatory Process has begun. Hence the CRP level is usually clearly elevated when a patient is admitted to hospital.

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