







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.	8217
D.O.A.	11/8/25 8:30 Am
D.O.D.	

Patient's Name B/o Manisha

✓ S/W/D of Ravi Age NB Sex M

Occupation _____ Marital Status _____

Address Sec - 62, Ashiyana BLB

Phone No. _____

Consultant Incharge Dr. Rajan Kumar Relation uncle



SWASTIK Lab

Patient Name: Baby of Msnisha Age / Sex: 1 days / M
Referred By: Dr. SWASTIK MULTISPECIALITY HOS. Date: 11/08/2025
Reg. no. 74230
Collected on: 11/08/2025 Reported on: 11/08/2025 05:20 PM



HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	VALUE	UNIT	REFERENCE
Hemoglobin	18.6	g/dl	17 - 23
Total Leukocyte Count	H 1,1100	cumm	4,000 - 11,000
Differential Leucocyte Count			
Neutrophils	66	%	40 - 80
Lymphocyte	23	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	06	%	2 - 10
Basophils		%	< 2
Platelet Count	L 1.44	lakhs/cumm	1.5 - 4.5
Total RBC Count	4.9	million/cumm	4.5 - 5.5
Hematocrit Value, Hct	H 63.2	%	40 - 50
Mean Corpuscular Volume, MCV	H 129.0	fL	83 - 101
Mean Cell Haemoglobin, MCH	H 38.0	Pg	27 - 32
Mean Cell Haemoglobin CON, MCHC	L 29.4	%	31.5 - 34.5
Mean Platelet Volume, MPV	11.4	fL	6.5 - 12
R.D.W. - SD	H 69.1	fL	39 - 46
R.D.W. - CV	H 15.9	%	11.6 - 14

BIOCHEMISTRY

KIDNEY FUNCTION TEST (KFT)

TEST	VALUE	UNIT	REFERENCE
BUN	12.28	mg/dl	7.9 - 20
Serum Urea	26.3	mg/dl	10-50
Serum Creatinine	1.1	mg/dl	0.6 - 1.4
Serum Uric Acid	4.3	mg/dl	3.5 - 7.2
Serum Sodium	138.1	mmol/L	130 - 160
Serum Potassium	4.0	mmol/L	3.2 - 5.7
Urea / Creatinine Ratio	23.91		
BUN / Creatinine Ratio	11.16		



Anil Kumar
M.Sc. Microbiology
Lab Incharge

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

Page 1 of 2



SWASTIK Lab

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SEROLOGY & IMMUNOLOGY

TEST	VALUE	UNIT	REFERENCE
C-Reactive Protein, CRP (Quantitative)	0.8	mg/dl	< 6.0 mg/L

~~~ End of report ~~~



*Ben. isar*



Date: 26/08/2025

**Name of the Child:** B/o Manisha

**Age:** 15 Days

**Gender:** Male

**Medical Diagnosis:** Acute sepsis/ LRTI

**Suggested Treatment:** Prolonged NICU management with ventilatory and respiratory support for:-5 weeks

**Proposed date of Treatment:** As Soon As possible

This is to certify that the above referred case is critically ill. The child requires support for medical treatment expenses. We hereby recommend this case for financial assistance. The above-mentioned estimate is an approximation for surgery/treatment and in the event of any complications the expenses may exceed the estimated cost.

**Estimated cost of treatment:** Rs. 900000/-

Thank You

**Dr. Pawan Kumar Sharma**  
**Consultant Pediatrician**  
**Department: Pediatrics**  
**Swastik Multispeciality Hospital**

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

दिनांक - 29/08/2025

सेवा में,

एक कदम नजीकें

महोदय,

सविनय निवेदन यह है कि मेरा बच्चा बहुत नाजुक हालत में है मैं बहुत गरीब हूँ इसी कारण अपने

बच्चे की मदद नहीं कर पा रहा हूँ।

मेरा बच्चा बहुत छोटा है दिन प्रतिदिन उसकी हालत खराब होती जा रही है।

मैं आपसे विनती करता हूँ कि मेरे बच्चे के इलाज

में मदद करें। आपकी अति कृपा होगी मेरे और

मेरे परिवार पर। मेरा पूरा परिवार आपका आभारी रहेगा।

प्रार्थी  
रवि

Refer to Ek Kadam Foundation

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