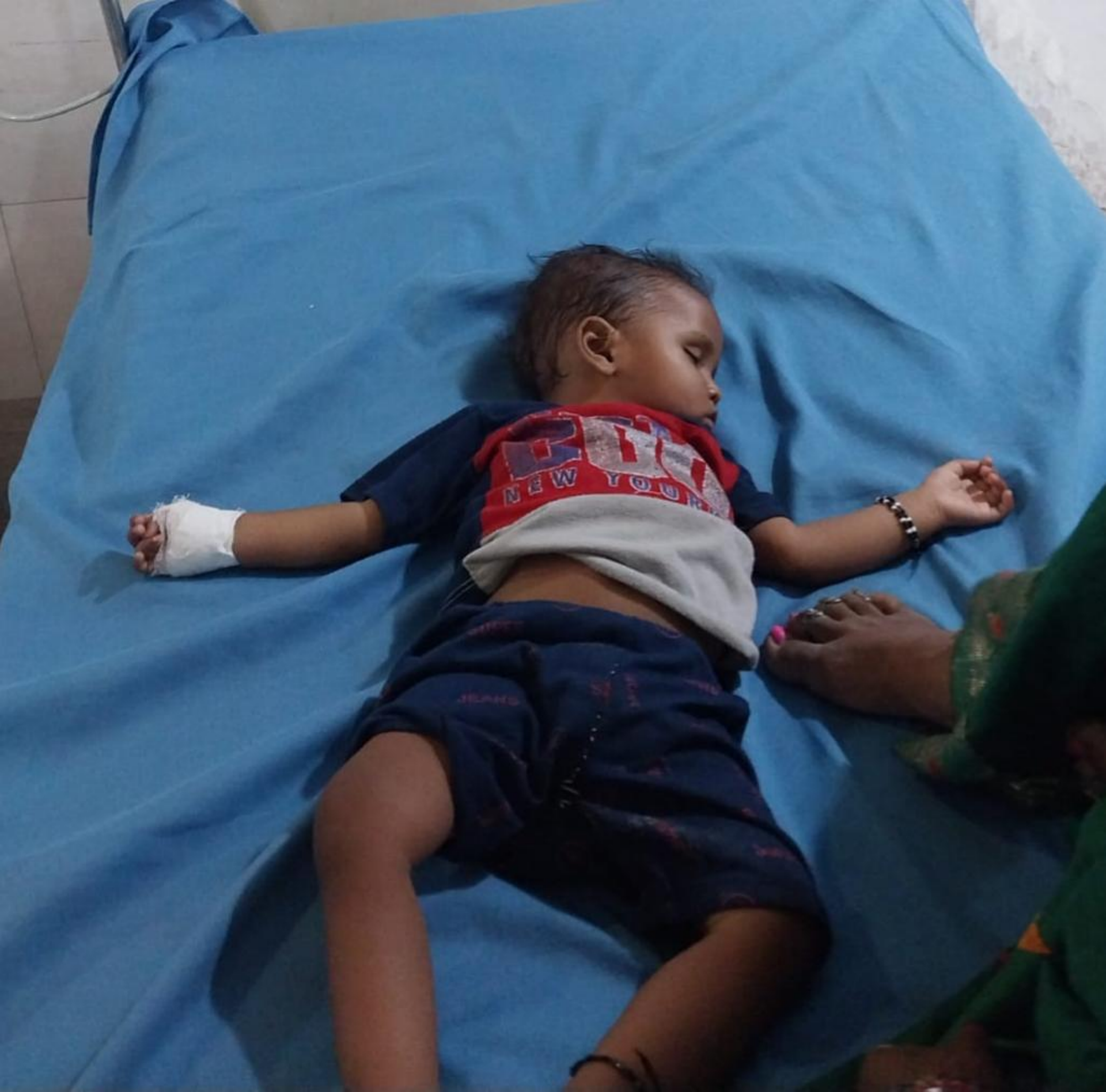

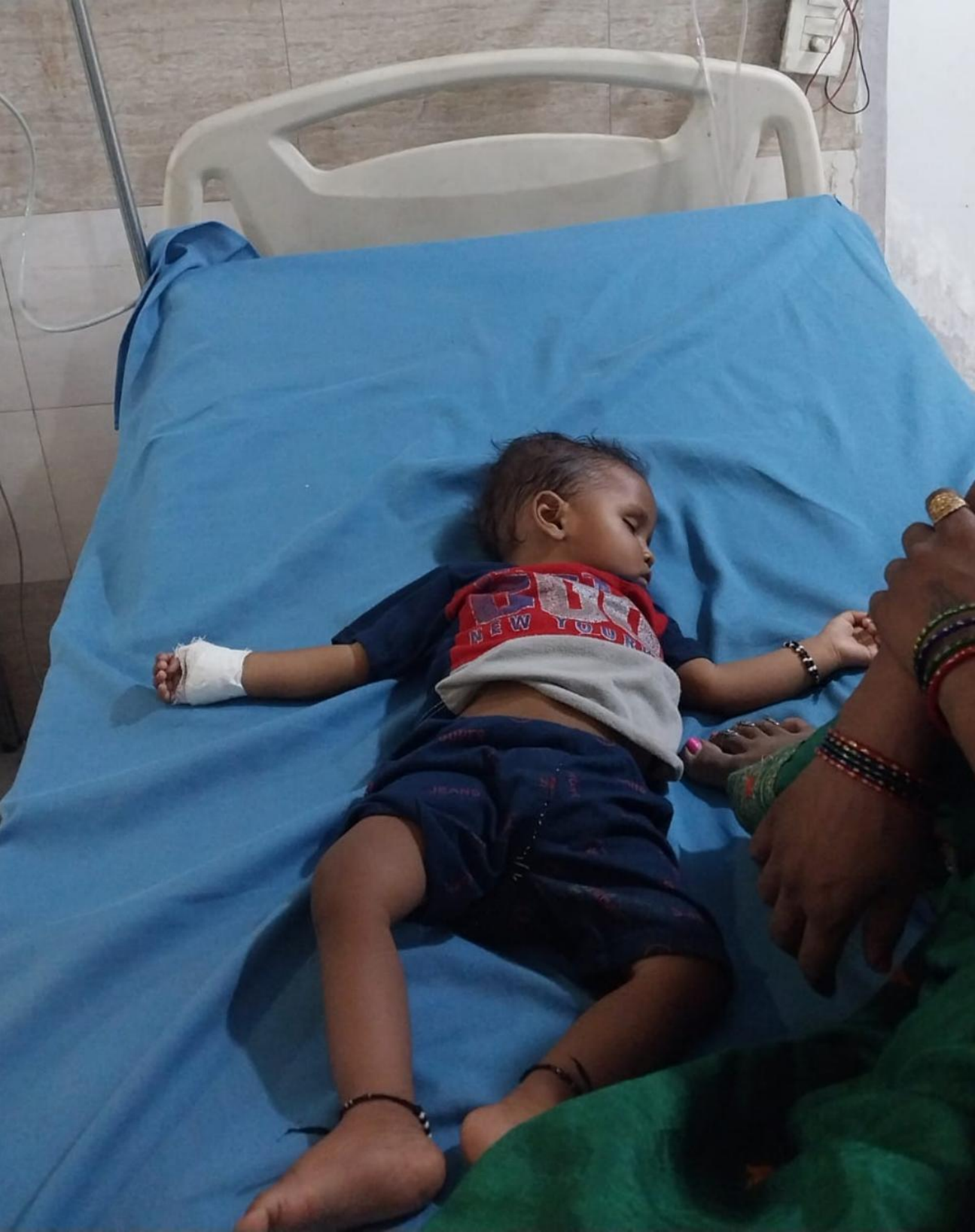

Adm Time 10:42 Am

SHRADDHA CARE HOSPITAL

Mini bypass, Near Prem Nursery, Karamchari Nagar,
Nainital Raod, Bareilly

CASE SHEET

Pt. Name Baby Arpit Age 10, m Sex m

Father's/Husband's Name Mr. Sonu

Addres vill Jaugithen C.B. ganj (Bareilly) Mob

Occupation N.A Married/Unmarried NO

D.O.A 29/05/24 D.O.Op D.O.D.

Diagnosis Result

Treatment Consultant

CASE SHEET

मैं अपने मरीज का इलाज अस्पताल में भर्ती करवाकर करवाने के लिए तैयार हूँ। मुझे मरीज के बारे में सारे खतरे अच्छी तरह समझा/बता दिये गये हैं। अपने चिकित्सक को पूर्ण विश्वास के साथ मेरे मरीज के हित में जो भी उचित हो करने की सहमति देता हूँ। किसी प्रकार की कानूनी कार्यवाही नहीं करनी है। हर तरह की जिम्मेदारी मेरी है।

हस्ताक्षर

1- Chief Complaints

2- H/o Present illness

3- Other Histories

4- Clinical Examination

R.K. Pathology Lab

Fully Computerized Pathology Lab

Dr. A.K. Gupta
M.D. (Patho.)
M.: 7078407311, 7409966223

Patient	: Master ARPIT	**Reg. ID** : 267	
Age/Gender	: 10 Month/Male	**Sample** : BLOOD, Serum....	**UHID.** : 2405001239
Ref. Doctor	: Dr.ATUL SHARMA	**Sample Reg Date**	: 28-May-2024 06:24 PM
Reporting Date	: 28/May/2024 06:28:46PM	**E-mail**	: rkpathology4@gmail.com
Patient Mob. No. :			

Investigations	Result	Unit	Reference Range
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	**6.7**	gm/dl	10.5-13.5
TOTAL LEUCOCYTE COUNT	8700	/cumm	5000-17500
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	45	%.	10-50
Lymphocytes	49	%.	40-60
Eosinophils	06	%.	01-06
Monocytes	00	%.	00-10
Basophils	00	%.	00-01
TOTAL R.B.C. COUNT	**3.18**	million/cumm	3.7-5.3
Haematocrit value (Pcv)	**24.0**	%	30-42
Mean Corpuscular Volume (Mcv)	75.47	fL	70-86
Mean Corpuscular Hemoglobin (Mch)	**21.07**	pg	23-31
Mean Corpuscular Hemoglobin Conc.(Mchc)	**27.92**	g/dl	30-36
PLATELET COUNT	3.98	lacs/mm3	2.0-5.50
Red Cell Distribution Width (Rdw-Cv)	**27.2**	%	11.0-15.0
Red Cell Distribution Width -Sd- (Rdw-Sd)	**15.4**	fL	39.0-46.0
Platelet Distribution Width (Pdw)	**15.4**	fL	9.6-15.2
Plateletcrit (Pct)	**0.46**	%	0.11-0.28

R.K. PATHO... C.B. GA... Dr. A.K. ... M.D. (P...

R.K. Pathology Lab

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Patient	: Master ARPIT	**Reg. ID** : 267	
Age/Gender	: 10 Month/Male	**Sample** : BLOOD, Serum....	**UHID.** : 2405001239
Ref. Doctor	: Dr.ATUL SHARMA	**Sample Reg Date**	: 28-May-2024 06:24 PM
Reporting Date	: 28/May/2024 06:28:46PM	**E-mail**	: rkpathology1@gmail.com
Patient Mob. No. :			

Investigations	Result	Unit	Reference Range
INTERPRETATION:-			

Igm positive means acute typhoid fever .
IgM& IgG positive means acute typhoid fever in
Middle stage of infection .
IgG positive means relapse or reinfection or previous
Infection.
IgM&IgG negative means probably not typhoid.
Sensitivity, specificity, negative predictive value & positive
Predictive value is >95.
Rarely high IgMconcentration may give false negative
For Igm because of specific IgM to the antigen.
Test result is to be correlated clinically and with
Other laboratory investigation.

TYPHIDOT IgM	NEGATIVE		NEGATIVE

----------End of Report----------

R.K. Pathology Lab

Fully Computerized Pathology Lab

Dr. A.K. Gupta
M.D. (Patho.)
M.: 7078407311, 7409966223

Patient	: Master ARPIT	**Reg. ID** : 257	
Age/Gender	: 10 Month/Male		
Ref. Doctor	: Dr.ATUL SHARMA	**Sample :** BLOOD, Serum....	**UHID.** : 2405001239
Reporting Date	: 28/May/2024 06:28:46PM	**Sample Reg Date**	: 28-May-2024 06:24 PM
Patient Mob. No. :		**E-mail**	: rkpathology1@gmail.com

Investigations	Result	Unit	Reference Range

SEROLOGY

WIDAL TEST

	1/20,	1/40,	1/80,	1/120,	1/160,	1/240,	1/320
Salmonella Typhi `O` :	+	+	+	-	-	-	-
Salmonella Typhi `H` :	+	+	+	-	-	-	-
Salmonella Paratyphi `AH` :	+	+	-	-	-	-	-
Salmonella Paratyphi `BH` :	+	+	-	-	-	-	-

RESULT: WIDAL TEST IS NEGATIVE

Widal Agglutination test is carried out to confirm the diagnosis of Enteric fever . Causative organisms in these cases principally are Salmonella typhy, Salmonella paratyphii A & Salmonella paratyphi B in India.These organisms have `H` (Flagellar) & `O` (somatic) antigens . Sera from normal population & patients with Entric fever agglutinating antibodies in variable concentration . Test is performed with serially inceasing dilutions. Agglutination in dilution up to <1:60 is seen in normal individuals. Agglutination in dilution 1:160 is suggestive of Salmonella infection .Agglutination in dilution of & more than 1:320 is confirmatory of Enteric Fever . Causative organism is determined by species specific `H` antigen showing significant titre . Individual who had suffered Salmonella infection in the past may show mild to moderate increase in titre while suffering from unrelated illness . Similarly, those vaccinated against Entric Fever ,show non-specific rise in titre against more than one `H` antigen . Widal test carried out on paired sample durin acute phase& during convalescent phase (10-14) days after first sample shows four fold rise in titre is considered diagnostic of Enteric fever.

TYPHI DOT IGG	NEGATIVE	NEGATIVE

R.K. PATHOLOGY C.B.GANJ Dr. A.K. Gu M.D.(Path KAMAL HOS

Please provide us extra blood form)

Established SINCE 1987

(M) 9837041039
9761390005

RSG IMA BLOOD CENTRE

Registered Under LICENCE NO : 16 / एन.सी. / पी.आर 1999

I.M.A. BHAWAN, 110, CIVIL LINES, BAREILLY

E-mail : imabloodbankbareilly@gmail.com, Website : www.imabloodbankbareilly.com

BLOOD/BLOOD COMPONENT REQUISITION FORM

FOR BLOOD BANK USE USE ONLY

BLOOD GROUP .....

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....
7. .....
8. .....
9. .....
10. .....
11. .....

A) Patient Information

Name in Full: Baby Arpit C/o Mr. Sonu

Age 10 m Sex male Blood Group

Address vill- jagitheh C.B Ganj Bly

Diagnosis Anemic Hb %

H/O previous transfusion or any relevant history as adverse reaction, if any.

.....

Any relevant past obstetrics history.....

B) Detail of Demand of Blood

Type of Blood/Component	No. of Bags.	Type of Blood	No. of Bags.
PRBC Two Packs. 1/2 Conf		Random Donor Platelet	
Leucodepleted PRBC		Single Donor Platelet	
Whole Blood		FFP	
Paediatric Unit/Parts		Cryoprecipitate	

Requirement : Routine ☐ Urgent ☐ Immediate ☑

C) Hospital & Doctor Information

I certify that blood sample has been collected in my presence after identification of patients ID No. / CR No. & name. I have been explained the necessity of blood transfusion and risks associated with it to patient / relatives & taken informed consent.

Hospital Name Shraddha Care Hospital **Govt/Private** Private

Hospital Registration No RMEEP222789

Name of ConsuItant/MO In-charge **Mobile No**

Doctor's Name (creating demand) Dr. S. Sharma **Mobile No**

SHRADDHA CARE HOSPITAL
Mini Bypass, Karamchari Nagar
Bareilly

Date 24/6/2024

Time 11:40 Am AM/PM

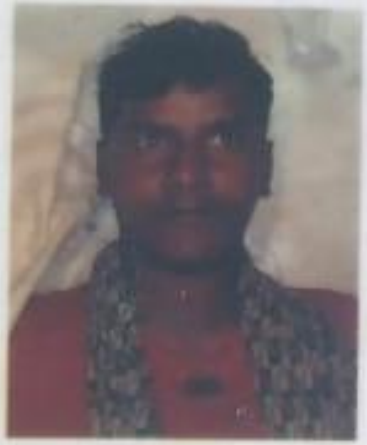
Name & Sign of MO with Seal

- Send 3-5 ml of blood in plain vial & 2 ml in EDTA vial / vaccutainer. Do not send sample in syringe.
- Sample Vial to be labelled for Name, Ward & Bed No. CR, ID No. at the patient's bedside only with a marker pen.
- Requisition form and samples with name discrepancy are unacceptable.
- This form will not be accepted if not signed or without seal of hospital.
- Do not insist for fresh blood, if any special need it should be mentioned clearly in the requisition form
- Haemolysed sample will not be accepted
- For neonates less than 4 months, send 3 ml of mother's sample also in plain vial for cross matching
- If unit is retained in blood bank only a receipt will be provided
- In case of elective requirement, blood will be stored here only for 3 days.
- **Kindly send fresh sample & requisition form if anther unit is required after 12:00 midnight / next day.**

भारत सरकार

Government of India

आधार



सोनू कश्यप
Sonu Kashyap
जन्म तिथि / DOB : 01/01/1991
पुरुष / MALE

Download Date: 03/09/2022

Issue Date: 04/08/2022

7866 1240 2460

मेरा आधार, मेरी पहचान

PAN NO :- **AAETT1313K**

REG.NO.610

The Healing Health Foundation

HOUSE NO.-I-16/489, Fourth Floor, Military Road, Bapa Nagar, Karol Bagh, Delhi-110005

S.NO.....03.....

Date 01/06/2024

सेवा मे,

दा हिलिंग हैल्थ फाउंडेशन

महोदय जी,

मेरा नाम सोनू कश्यप है, मैं बरेली का रहने वाला हूँ, मेरे बेटे का नाम अर्पित है। जिसकी आयु दस महिने का है, मेरे बेटे को निमोनिया और उसके अदर खून नहीं बन पा रहा है। डाक्टर ने बोला है, कि इसे एक इक्ता भर्ती करना पडेगा, और मैं इतना सक्षम नहीं हूँ हास्पिटल का खर्चा उठाने में, तो मैं आपकी सस्था से विनति करता हूँ मुझे आर्थिक सहायता प्राप्त की जाए जिससे हम अपने बच्चे का पूरी तरह इलाज करा सके।

धन्यवाद

सोनू

THE HEALING HEALTH FOUNDATION
REGD. No. 8172
NEW DELHI