
Child Care India Trust

Patient ID:	*400202657*	*Patient Name:*	*B/O SARITHA*
Age:		*Sex:*	
Accession Number:		*Modality:*	*DX*
Referring Physician:		*Study:*	*Chest*
Study Date:	*06-Mar-2024*		

Investigation: Radiograph of Chest (AP View)-Portable

Result:

Prominent bilateral bronchovascular markings are seen.
Both hilar shadow appear normal.
Cardiac size cannot be commented upon in AP view.
Bilateral costophrenic angles are clear.
Bilateral hemi-diaphragms appear normal.
Medical tubes and lines are seen.

Please correlate clinically.

Dr. Shallini Mittal
Consultant Radiologist

Patient ID:	*400202657*	*Patient Name:*	*B .O SARITA*	*23 D .F*
Age:	*23 Days*	*Sex:*	*F*	
Accession Number:		*Modality:*	*US*	
Referring Physician:	*DR. SANKET GOYAL*	*Study:*		
Study Date:	*29-Mar-2024*			

NEONATAL NEUROSONOGRAM (PORTABLE)

Technique: A high frequency phased array transducer was use to obtained high resolution images through trans-fontanelle and trans–mastoid approach. All aseptic precautions were taken.

Findings:

Subtle hyperechogenicity noted in bilateral ganglio-thalamic groove-? subtle grade I germinal matrix hemorrhage.

No evidence of any ventriculomegaly is seen.

No midline shift of structures noted.

Cavum septum pellucidum seen.

Visualized portions of cerebral cortex, cerebellum reveal grossly normal echo pattern.

IMPRESSION:

- **Subtle hyperechogenicity in bilateral ganglio-thalamic groove-? subtle grade I germinal matrix hemorrhage.**

On comparison with dated:14.03.24, no significant interval change seen.

Please correlate clinically.

DR. KUMAR RAJU
MBBS, DMRD, DNB
Associate Consultant
(MT-S)

Patient ID:	*400202657*	*Patient Name:*	*B/O SARITHA*
Age:		*Sex:*	
Accession Number:		*Modality:*	*DX*
Referring Physician:		*Study:*	*Chest*
Study Date:	*28-Mar-2024*		

Investigation: Radiograph of Chest (AP View)-Portable

Result:

Mild prominent bilateral bronchovascular markings are seen.
Both hilar shadow appear normal.
Cardiac size cannot be commented upon in AP view.
Bilateral costophrenic angles are clear.
Bilateral hemi-diaphragms appear normal.
Medical tubes and lines are seen.

Please correlate clinically.

Dr. Shallini Mittal
Consultant Radiologist

(MT-S)

Patient ID:	*400202657*	*Patient Name:*	*B/O SARITHA*
Age:		*Sex:*	
Accession Number:		*Modality:*	*DX*
Referring Physician:		*Study:*	*Chest*
Study Date:	*14-Mar-2024*		

Investigation: Radiograph of Chest (AP View)-Portable

Result:

Prominent bilateral bronchovascular markings are seen.
Both hilar shadow appear normal.
Cardiac size cannot be commented upon in AP view.
Bilateral costophrenic angles are clear.
Bilateral hemi-diaphragms appear normal.
Medical tubes and lines are seen.

Please correlate clinically.

DR. JASMINE KOKILOO
MBBS, MD
Associate Consultant
(MT-A)

Patient ID:	*400202657*	*Patient Name:*	*B .O SARITA 5 D .F*
Age:	*8 Days*	*Sex:*	*F*
Accession Number:		*Modality:*	*US*
Referring Physician:	*DR. SANKET GOYAL*	*Study:*	
Study Date:	*14-Mar-2024*		

NEONATAL NEUROSONOGRAM (PORTABLE)

Technique: A high frequency phased array transducer was use to obtained high resolution images through trans-fontanelle and trans–mastoid approach. All aseptic precautions were taken.

Findings:

Subtle hyperechogenicity noted in bilateral ganglio-thalamic groove-? subtle grade I germinal matrix hemorrhage.

No evidence of any ventriculomegaly is seen.

No midline shift of structures noted.

Cavum septum pellucidum seen.

Visualized portions of cerebral cortex, cerebellum reveal grossly normal echo pattern.

IMPRESSION:

- **Subtle hyperechogenicity in bilateral ganglio-thalamic groove-? subtle grade I germinal matrix hemorrhage.**

Please correlate clinically.

DR. KUMAR RAJU
MBBS, DMRD, DNB
Associate Consultant
(MT-A)

Patient ID:	*400202657*	*Patient Name:*	*B/O SARITHA*
Age:		*Sex:*	
Accession Number:		*Modality:*	*DX*
Referring Physician:		*Study:*	*Abdomen*
Study Date:	*10-Mar-2024*		

Investigation: Abdomen (Erect View)

Result:

Gas loaded bowel loops are seen.
No air fluid level is noted in the abdomen.
No free air is noted under right dome of diaphragm.
The visualized bones are unremarkable.
No abnormal calcification is noted.
Medical tubes are seen.

Please correlate clinically.

Dr. Shallini Mittal
Consultant Radiologist

(MT-S)

Patient ID:	**400202657**	**Patient Name:**	**B .O SARITA 1 D .F**
Age:	**1 Days**	**Sex:**	**F**
Accession Number:		**Modality:**	**US**
Referring Physician:	**DR. SANKET GOYAL**	**Study:**	
Study Date:	**07-Mar-2024**		

NEONATAL NEUROSONOGRAM (PORTABLE)

Technique: A high frequency phased array transducer was use to obtained high resolution images through trans-fontanelle and trans–mastoid approach. All aseptic precautions were taken.

Findings:

Minimal hyperechogenicity noted in bilateral ganglio-thalamic groove-? Minimal grade I germinal matrix hemorrhage.

No evidence of any ventriculomegaly is seen.

No midline shift of structures noted.

Cavum septum pellucidum seen.

Visualized portions of cerebral cortex, cerebellum reveal grossly normal echo pattern.

IMPRESSION:

- **Minimal hyperechogenicity in bilateral ganglio-thalamic groove-? Minimal grade I germinal matrix hemorrhage.**

Please correlate clinically.

DR. KUMAR RAJU
MBBS, DMRD, DNB
Associate Consultant
(MT-A)

Marengo Asia Hospitals

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OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4061516/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	06/04/2024 9:20PM
Age/Gender	1 Mths/Female	**Receiving Date**	06/04/2024 9:29PM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	08/04/2024 10:37AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name		Result	Unit	Bio. Ref. Range	Method	Sample
			Biochemistry			
***SODIUM (SERUM)**						Serum
Serum - Sodium	**L**	**136**	mmol/L	137 - 145	ISE Direct	

Interpretation:-
Sodium is the major cation of extracellular fluids. The kidneys regulate sodium content of the body. Low sodium levels may be caused by excessive urine loss, diarrhea, Addison's disease, and renal tubular disease. High sodium levels may occur in severe dehydration, some types of brain injury, diabetic coma, and excessive intake of sodium salts.

***POTASSIUM (SERUM)**						Serum
Serum - Potassium		4.4	mmol/L	3.5 - 5.1	ISE Direct	

Interpretation:-
Potassium is the major cation of the intracellular fluid. Measurement of serum potassium is used for evaluation of electrolyte imbalance, cardiac arrhythmias, muscular weakness, hepatic encephalopathy, and renal failure and for the monitoring of ketoacidosis in diabetes mellitus and intravenous fluid replacement therapy.More than 90% of hypertensive patients with aldosteronism have a low K+; a low K+ is also common in vomiting, diarrhea, alcoholism, and folic acid deficiency. High K+ values occur in rapid K+ infusion, end stage renal failure, hemolysis, trauma,Addison's disease, metabolic acidosis, acute starvation, dehydration, and acute medical emergency. Normally, K+ is freely filtered by the glomerulus but tends to be conserved if the serum K+ is low. Urinary potassium may be elevated with dietary increase, hyperaldosteronism, renal tubular acidosis, and at the onset of alkalosis.

End Of Report

Nutan

Dr. Nutan Sood

Senior Consultant,Lab Services

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

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OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4061516/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	06/04/2024 9:20PM
Age/Gender	1 Mths/Female	**Receiving Date**	06/04/2024 9:29PM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	08/04/2024 11:11AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Haematology

***COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD** — EDTA Blood

Test Name		Result	Unit	Bio. Ref. Range	Method
Haemoglobin		11.2	g/dL	10.5 - 14.0	Spectrophotometry
Hematocrit/PCV		32.5	%	32.0 - 42.0	Derived from RBC pulse hieght detection
RBC COUNT	L	**3.34**	10^6/µL	3.80 - 5.40	Electrical Impedance
MCV	H	**97.2**	fl	72.0 - 88.0	Calculated
MCH	H	**33.4**	pg	24.0 - 30.0	Calculated
MCHC		34.4	g/dL	31.5 - 34.5	Calculated
RDW-CV	H	**19.8**	%	11.5 - 16.0	Calculated
Platelet count		150	10^3/µL	150 - 450	Electrical Impedance
Total Leucocyte Count (TLC)		13.01	10^3/µL	6.00 - 14.00	Double Hydrodynamic Sequential System (DHSS)
Differential Leucocyte Count					
Neutrophils	H	**42**	%	13 - 33	Flow Cytometry
Lymphocytes		42	%	41 - 71	Flow Cytometry
Monocytes	H	**15**	%	4 - 14	Flow Cytometry
Eosinophils		01	%	0 - 3	Flow Cytometry
Basophils		00	%	0 - 1	Flow Cytometry
Absolute Leucocyte Count					
Absolute Neutrophil Count		5.46	10^3/µL	1 - 7	Calculated
Absolute Lymphocyte count		5.46	10^3/µL	2 - 9	Calculated
Absolute Monocyte count	H	**1.95**	10^3/µL	0 - 1	Calculated
Absolute Eosinophil Count (AEC)		0.13	10^3/µL	0 - 1	Calculated

Leesha P. Kumar

Dr. LEESHA P KUMAR
MBBS MD Pathology

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

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OUR ACCREDITATIONS

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Patient	B/O SARITHA .	**RIS No/ManualNo**	4061516/
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Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Interpretation:-
Complete blood count (CBC) is used to evaluate overall healthand detect a wide range of disorders, including anemia, infection and leukemia. Abnormal increaseor decrease in cell counts as revealed in a complete blood count may indicatethat an underlying medical condition that calls for further evaluation

End Of Report

Leesha P. Kumar

Dr. LEESHA P KUMAR
MBBS MD Pathology
HOD - Lab Services

L-Low H-High CH - Critical High CL - Critical Low

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OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4061516/
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Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	08/04/2024 10:37AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name		Result	Unit	Bio. Ref. Range	Method	Sample
			Biochemistry			
***SODIUM (SERUM)**						Serum
Serum - Sodium	**L**	**136**	mmol/L	137 - 145	ISE Direct	

Interpretation:-
Sodium is the major cation of extracellular fluids. The kidneys regulate sodium content of the body. Low sodium levels may be caused by excessive urine loss, diarrhea, Addison's disease, and renal tubular disease. High sodium levels may occur in severe dehydration, some types of brain injury, diabetic coma, and excessive intake of sodium salts.

***POTASSIUM (SERUM)**						Serum
Serum - Potassium		4.4	mmol/L	3.5 - 5.1	ISE Direct	

Interpretation:-
Potassium is the major cation of the intracellular fluid. Measurement of serum potassium is used for evaluation of electrolyte imbalance, cardiac arrhythmias, muscular weakness, hepatic encephalopathy, and renal failure and for the monitoring of ketoacidosis in diabetes mellitus and intravenous fluid replacement therapy.More than 90% of hypertensive patients with aldosteronism have a low K+; a low K+ is also common in vomiting, diarrhea, alcoholism, and folic acid deficiency. High K+ values occur in rapid K+ infusion, end stage renal failure, hemolysis, trauma,Addison's disease, metabolic acidosis, acute starvation, dehydration, and acute medical emergency. Normally, K+ is freely filtered by the glomerulus but tends to be conserved if the serum K+ is low. Urinary potassium may be elevated with dietary increase, hyperaldosteronism, renal tubular acidosis, and at the onset of alkalosis.

End Of Report

Nutan

Dr. Nutan Sood

Senior Consultant,Lab Services

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

4061516

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OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4061516/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	06/04/2024 9:20PM
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Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Haematology

***COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD** — EDTA Blood

Test Name		Result	Unit	Bio. Ref. Range	Method
Haemoglobin		11.2	g/dL	10.5 - 14.0	Spectrophotometry
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RBC COUNT	L	**3.34**	10^6/µL	3.80 - 5.40	Electrical Impedance
MCV	H	**97.2**	fl	72.0 - 88.0	Calculated
MCH	H	**33.4**	pg	24.0 - 30.0	Calculated
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RDW-CV	H	**19.8**	%	11.5 - 16.0	Calculated
Platelet count		150	10^3/µL	150 - 450	Electrical Impedance
Total Leucocyte Count (TLC)		13.01	10^3/µL	6.00 - 14.00	Double Hydrodynamic Sequential System (DHSS)
Differential Leucocyte Count					
Neutrophils	H	**42**	%	13 - 33	Flow Cytometry
Lymphocytes		42	%	41 - 71	Flow Cytometry
Monocytes	H	**15**	%	4 - 14	Flow Cytometry
Eosinophils		01	%	0 - 3	Flow Cytometry
Basophils		00	%	0 - 1	Flow Cytometry
Absolute Leucocyte Count					
Absolute Neutrophil Count		5.46	10^3/µL	1 - 7	Calculated
Absolute Lymphocyte count		5.46	10^3/µL	2 - 9	Calculated
Absolute Monocyte count	H	**1.95**	10^3/µL	0 - 1	Calculated
Absolute Eosinophil Count (AEC)		0.13	10^3/µL	0 - 1	Calculated

Leesha P. Kumar

Dr. LEESHA P KUMAR
MBBS MD Pathology

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

4061516

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OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4061516/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	06/04/2024 9:20PM
Age/Gender	1 Mths/Female	**Receiving Date**	06/04/2024 9:29PM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	08/04/2024 11:11AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Interpretation:-
Complete blood count (CBC) is used to evaluate overall healthand detect a wide range of disorders, including anemia, infection and leukemia. Abnormal increaseor decrease in cell counts as revealed in a complete blood count may indicatethat an underlying medical condition that calls for further evaluation

End Of Report

Leesha P. Kumar

Dr. LEESHA P KUMAR
MBBS MD Pathology
HOD - Lab Services

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

4061641

NABH
OUR ACCREDITATIONS

Point Of Care

Patient	B/O SARITHA .	**RIS No/ManualNo**	4061641/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	07/04/2024 5:26PM
Age/Gender	1 Mths 1 Days/Female	**Receiving Date**	07/04/2024 5:26PM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	07/04/2024 5:27PM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
Critical Care Diagnostics					
***RBS (BY GLUCOMETER)**					
Blood Sugar (F)	66	mg/dL			

End Of Report

Ms. Shweta Kumari

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

4061737

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OUR ACCREDITATIONS

Point Of Care

Patient	B/O SARITHA .	**RIS No/ManualNo**	4061737/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	08/04/2024 6:07AM
Age/Gender	1 Mths 2 Days/Female	**Receiving Date**	08/04/2024 6:07AM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	08/04/2024 6:41AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
Critical Care Diagnostics					
***RBS (BY GLUCOMETER)**					
Blood Sugar (F)	69	mg/dL			

End Of Report

Ms. Meenakshi Rajput

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

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OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4062651/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	10/04/2024 8:23PM
Age/Gender	1 Mths 4 Days/Female	**Receiving Date**	10/04/2024 8:45PM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	11/04/2024 11:06AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name		Result	Unit	Bio. Ref. Range	Method	Sample
			Haematology			
***HEMATOCRIT**						EDTA Blood
Hematocrit/PCV	**L**	**25.5**	%	32.0 - 42.0	Derived from RBC pulse hieght detection	
Remarks		Result informed to the clinician. Kindly correlate clinically.				

Interpretation:-
The value of the hematocrit is dependent upon the number of RBC's. If the Hct is abnormal, then the RBC count is possibly abnormal. If the RBC count turns out to be normal, then the average size of the RBC is probably too small. Shock, hemorrhage, dehydration, or excessive IV fluid administration can reduce the Hct.

***HEMOGLOBIN (HB)**						EDTA Blood
Haemoglobin	**L**	**8.8**	g/dL	10.5 - 14.0	Spectrophotometry	
Remarks		Result informed to the clinician. Kindly correlate clinically.				

Interpretation:-
Low hemoglobin level may be due to various types of red cell disorders leading to anemia;loss of blood (e.g. bleeding from digestive tract or bladder, heavy menstrual periods); decreased red cell production (e.g. Chronic kidney disease, chronic inflammatory conditions, red cell aplasia, leukemias, drug toxicity, radiation therapy); infection and bone marrow failure.

High hemoglobin level is most often due to hypoxia, present over a long period of time. Certain congenital defects of the heart, failure of the right side of the heart (cor pulmonale), severe COPD, pulmonary fibrosis and other severe lung disorders are also associated with high hemoglobin and hematocrit.Other reasons includes polycythemia vera and dehydration.

End Of Report

Nutan

Dr. Nutan Sood

Senior Consultant,Lab Services

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

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OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4062728/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	11/04/2024 7:36AM
Age/Gender	1 Mths 5 Days/Female	**Receiving Date**	11/04/2024 8:13AM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	11/04/2024 10:04AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
		Biochemistry			
***SODIUM (SERUM)**					Serum
Serum - Sodium	139	mmol/L	137 - 145	ISE Direct	

Interpretation:-
Sodium is the major cation of extracellular fluids. The kidneys regulate sodium content of the body. Low sodium levels may be caused by excessive urine loss, diarrhea, Addison's disease, and renal tubular disease. High sodium levels may occur in severe dehydration, some types of brain injury, diabetic coma, and excessive intake of sodium salts.

***POTASSIUM (SERUM)**					Serum
Serum - Potassium	4.3	mmol/L	3.5 - 5.1	ISE Direct	

Interpretation:-
Potassium is the major cation of the intracellular fluid. Measurement of serum potassium is used for evaluation of electrolyte imbalance, cardiac arrhythmias, muscular weakness, hepatic encephalopathy, and renal failure and for the monitoring of ketoacidosis in diabetes mellitus and intravenous fluid replacement therapy.More than 90% of hypertensive patients with aldosteronism have a low K+; a low K+ is also common in vomiting, diarrhea, alcoholism, and folic acid deficiency. High K+ values occur in rapid K+ infusion, end stage renal failure, hemolysis, trauma,Addison's disease, metabolic acidosis, acute starvation, dehydration, and acute medical emergency. Normally, K+ is freely filtered by the glomerulus but tends to be conserved if the serum K+ is low. Urinary potassium may be elevated with dietary increase, hyperaldosteronism, renal tubular acidosis, and at the onset of alkalosis.

End Of Report

Nutan

Dr. Nutan Sood

Senior Consultant,Lab Services

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

4064368

NABH
OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4064368/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	18/04/2024 10:42AM
Age/Gender	1 Mths 12 Days/Female	**Receiving Date**	18/04/2024 11:10AM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	18/04/2024 12:06PM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name		Result	Unit	Bio. Ref. Range	Method	Sample
			Biochemistry			
***SODIUM (SERUM)**						Serum
Serum - Sodium	**L**	**134**	mmol/L	137 - 145	ISE Direct	

Interpretation:-
Sodium is the major cation of extracellular fluids. The kidneys regulate sodium content of the body. Low sodium levels may be caused by excessive urine loss, diarrhea, Addison's disease, and renal tubular disease. High sodium levels may occur in severe dehydration, some types of brain injury, diabetic coma, and excessive intake of sodium salts.

***POTASSIUM (SERUM)**						Serum
Serum - Potassium		3.9	mmol/L	3.5 - 5.1	ISE Direct	

Interpretation:-
Potassium is the major cation of the intracellular fluid. Measurement of serum potassium is used for evaluation of electrolyte imbalance, cardiac arrhythmias, muscular weakness, hepatic encephalopathy, and renal failure and for the monitoring of ketoacidosis in diabetes mellitus and intravenous fluid replacement therapy.More than 90% of hypertensive patients with aldosteronism have a low K+; a low K+ is also common in vomiting, diarrhea, alcoholism, and folic acid deficiency. High K+ values occur in rapid K+ infusion, end stage renal failure, hemolysis, trauma,Addison's disease, metabolic acidosis, acute starvation, dehydration, and acute medical emergency. Normally, K+ is freely filtered by the glomerulus but tends to be conserved if the serum K+ is low. Urinary potassium may be elevated with dietary increase, hyperaldosteronism, renal tubular acidosis, and at the onset of alkalosis.

End Of Report

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L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

4064368

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Patient	B/O SARITHA .	**RIS No/ManualNo**	4064368/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	18/04/2024 10:42AM
Age/Gender	1 Mths 12 Days/Female	**Receiving Date**	18/04/2024 11:10AM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	18/04/2024 11:36AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
		Haematology			
***HEMATOCRIT**					EDTA Blood
Hematocrit/PCV	37.9	%	32.0 - 42.0	Derived from RBC pulse hieght detection	
Remarks	Result informed to the clinician. Kindly correlate clinically.				

Interpretation:-
The value of the hematocrit is dependent upon the number of RBC's. If the Hct is abnormal, then the RBC count is possibly abnormal. If the RBC count turns out to be normal, then the average size of the RBC is probably too small. Shock, hemorrhage, dehydration, or excessive IV fluid administration can reduce the Hct.

***HEMOGLOBIN (HB)** EDTA Blood

Haemoglobin	12.8	g/dL	10.5 - 14.0	Spectrophotometry
Remarks	Result informed to the clinician. Kindly correlate clinically.			

Interpretation:-
Low hemoglobin level may be due to various types of red cell disorders leading to anemia;loss of blood (e.g. bleeding from digestive tract or bladder, heavy menstrual periods); decreased red cell production (e.g. Chronic kidney disease, chronic inflammatory conditions, red cell aplasia, leukemias, drug toxicity, radiation therapy); infection and bone marrow failure.

High hemoglobin level is most often due to hypoxia, present over a long period of time. Certain congenital defects of the heart, failure of the right side of the heart (cor pulmonale), severe COPD, pulmonary fibrosis and other severe lung disorders are also associated with high hemoglobin and hematocrit.Other reasons includes polycythemia vera and dehydration.

End Of Report

Nutan

Dr. Nutan Sood

Senior Consultant,Lab Services

L-Low H-High CH - Critical High CL - Critical Low

Marengo Asia Hospitals

4 0 6 5 5 4 9

NABH
OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	B/O SARITHA .	**RIS No/ManualNo**	4065549/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	23/04/2024 4:52PM
Age/Gender	1 Mths 17 Days/Female	**Receiving Date**	23/04/2024 5:02PM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	24/04/2024 9:04AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name		Result	Unit	Bio. Ref. Range	Method	Sample
			Biochemistry			
***SODIUM (SERUM)**						Serum
Serum - Sodium	**L**	**135**	mmol/L	137 - 145	ISE Direct	

Interpretation:-
Sodium is the major cation of extracellular fluids. The kidneys regulate sodium content of the body. Low sodium levels may be caused by excessive urine loss, diarrhea, Addison's disease, and renal tubular disease. High sodium levels may occur in severe dehydration, some types of brain injury, diabetic coma, and excessive intake of sodium salts.

***POTASSIUM (SERUM)**						Serum
Serum - Potassium		4.5	mmol/L	3.5 - 5.1	ISE Direct	

Interpretation:-
Potassium is the major cation of the intracellular fluid. Measurement of serum potassium is used for evaluation of electrolyte imbalance, cardiac arrhythmias, muscular weakness, hepatic encephalopathy, and renal failure and for the monitoring of ketoacidosis in diabetes mellitus and intravenous fluid replacement therapy.More than 90% of hypertensive patients with aldosteronism have a low K+; a low K+ is also common in vomiting, diarrhea, alcoholism, and folic acid deficiency. High K+ values occur in rapid K+ infusion, end stage renal failure, hemolysis, trauma,Addison's disease, metabolic acidosis, acute starvation, dehydration, and acute medical emergency. Normally, K+ is freely filtered by the glomerulus but tends to be conserved if the serum K+ is low. Urinary potassium may be elevated with dietary increase, hyperaldosteronism, renal tubular acidosis, and at the onset of alkalosis.

End Of Report

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OUR ACCREDITATIONS

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Patient	B/O SARITHA .	**RIS No/ManualNo**	4065549/
UHIDNo/IPNO	400202657 / MGIP24/1189	**CollectionDate**	23/04/2024 4:52PM
Age/Gender	1 Mths 17 Days/Female	**Receiving Date**	23/04/2024 5:02PM
Bed No/Ward	THIRD FLOOR B BLOCK	**Report Date**	24/04/2024 11:15AM
Treating Doctor	Dr. Sanket Goyal	**Report Status**	Final
Admitting Doctor	Dr. Sanket Goyal	**Sample Quality**	

Test Name		Result	Unit	Bio. Ref. Range	Method	Sample
			Haematology			
***HEMATOCRIT**						EDTA Blood
Hematocrit/PCV	**L**	**30.2**	%	32.0 - 42.0	Derived from RBC pulse hieght detection	
Remarks		Result informed to the clinician. Kindly correlate clinically.				

Interpretation:-
The value of the hematocrit is dependent upon the number of RBC's. If the Hct is abnormal, then the RBC count is possibly abnormal. If the RBC count turns out to be normal, then the average size of the RBC is probably too small. Shock, hemorrhage, dehydration, or excessive IV fluid administration can reduce the Hct.

***HEMOGLOBIN (HB)**					EDTA Blood
Haemoglobin		10.6	g/dL	10.5 - 14.0	Spectrophotometry
Remarks		Result informed to the clinician. Kindly correlate clinically.			

Interpretation:-
Low hemoglobin level may be due to various types of red cell disorders leading to anemia;loss of blood (e.g. bleeding from digestive tract or bladder, heavy menstrual periods); decreased red cell production (e.g. Chronic kidney disease, chronic inflammatory conditions, red cell aplasia, leukemias, drug toxicity, radiation therapy); infection and bone marrow failure.

High hemoglobin level is most often due to hypoxia, present over a long period of time. Certain congenital defects of the heart, failure of the right side of the heart (cor pulmonale), severe COPD, pulmonary fibrosis and other severe lung disorders are also associated with high hemoglobin and hematocrit.Other reasons includes polycythemia vera and dehydration.

End Of Report

Nutan

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Senior Consultant,Lab Services

L-Low H-High CH - Critical High CL - Critical Low

सत्यमेव जयते

सं. 1
NO. 1

हरियाणा सरकार
GOVERNMENT OF HARYANA
स्वास्थ्य सेवाएं विभाग
DEPARTMENT OF HEALTH SERVICES
नगर निगम गुरुग्राम
MUNICIPAL CORPORATION GURUGRAM

प्रपत्र-5
FORM-5

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा हरियाणा जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE HARYANA REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि नगर निगम गुरुग्राम तहसील गुरुग्राम जिला गुरुग्राम राज्य/संघ प्रदेश हरियाणा, भारत के रजिस्टर में उल्लिखित है ।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MUNICIPAL CORPORATION GURUGRAM OF TAHSIL/BLOCK GURUGRAM OF DISTRICT GURUGRAM OF STATE/UNION TERRITORY HARYANA, INDIA.

नाम / NAME:

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:
06-03-2024
SIXTH-MARCH-TWO THOUSAND TWENTY FOUR

जन्म स्थान/ PLACE OF BIRTH:
W PRATIKSHA HOSPITAL

माता का नाम / NAME OF MOTHER:
SARITHA K KAMALASANAN

पिता का नाम / NAME OF FATHER:
RAMAKANT SHARMA

आधार नंबर / MOTHER'S AADHAAR NO:
XXXXXXXX6000

आधार नंबर / FATHER'S AADHAAR NO:
XXXXXXXX5026

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
PLOT NO-288, HARIOM KUNJ, PHASE-7 , BERKA ROAD, DHUNELA, , SOHNA, GURUGRAM, HARYANA- 122103

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:
PLOT NO-288, HARIOM KUNJ, PHASE-7, BERKA ROAD, DHUNELA, SOHNA, GURUGRAM, HARYANA- 122103

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2024: 6-90171-006714

पंजीकरण तारीख / DATE OF REGISTRATION:
19-03-2024

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
11-04-2024

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY :

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
नगर निगम गुरुग्राम
MUNICIPAL CORPORATION GURUGRAM

UPDATED ON :
19-03-2024 11:02:29

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / **ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "**