

K.R. LAB & Dignostic Center

Path LAB

Safety is our Priority.....

In Campus of

RIGVED HOSPITAL

Indra Nagar, Heeradas, Bharatpur (Raj.) Phone No.: 05644-354037, 8949222492

LABORATORY REQUEST FORM

		LABORA	IONINE	<u>QUEST FOR</u>	Date: Ag	101	1.25
-532	> Pa	tient Nam	e	1Lat	Ag	e:.?./	JE MIE
		LRANGE				Result	Range
	NW	INFANT	CHILDREN(1-6)	6-12 or more	1_S_Billi Total	6.7	
x10³/Cumm	10-26	6-18	5-15	5.5-13.5	Direct	0.2	0-1.0 mg%
x 106/Cumm	4-6	3,6-52	4.1-5.5	4.0-5.4	1 Indirect	6.2	1-4 mg%
gm/dl	13.5-19.5	10.5-13.5	12.0-14.0	11.5-14.5	2-8G0T	27	7-26 iu/l
%	44-64	32-44	36-44	37-45	3-SGPT	24	0-25 iu/l
Fl.	106	95	70-86	77-91	4, S. Alk. Phos.	98	23-80 (Adult)
Pg.	30-38	24-34	24-30	24-30			67-180 (Ch.)
	33-36	32-35	34	34 1	5. S. Calcium	8.0	8.8-11 mg%
%			.5-4.0x105/Cu	ımm)	6.8. Cholestrol		150-250 mg%
ount	and the same of th		Agglutination Met		7. S. Creat		.6-1.5 mg%
	1/20		No.	20	8. S. Uric Acid		2-7 mg%
% (45-74)	FFARES	1,40 ,70	7 M. Carriero	0.	9: S. Amylage		80-180 S. Uni
% (16-45)	то	**** ****		No	10. BUN		8-23 mg%
% (2-10)	TH	1744			11. Blood Sugar (f)		65-110 mg%
% (0-4)	AH	(100) THE	VIIO.		(PP)		> 135 mg%
% (0-2)	вн	****	Chi	COOk	2 S. Total Protein	6	3 6-8 gm%
mm/1 hou	(NOIII)	Prege Test	1		13. S. Albumin	4	3.5-5 gm%
15 mm for male /	0-20 mm	ADH BY B		172	" L 14. S. Globulin	2	3 1.2-2.8 gm%
	/	PETCT			15. Sodium (Na*)		134-145 mmo/t
nt							3.5-5.5 mmo/lt
6% Children 0.2-2	2%)	MANTOUX	25 (010/10)	9,1,		-	96-106 mmo/lt
ST					17. Chloride (Ct)		1.0-1.3 mmo/
Chemica		Micros			18, Calcium (Carr)		1,0-1,3 ((((()))
Albumin		Pus C			19.81210		
Sugar		Epth (20-CT 1415	2-6 Min	
Bile Salt		RBC's Casts			1 21 ABO & RH	R-	ne
B. Pig					22. MP Test (Ca	ard Method	d)
Phosphat		Amo.					
Ketone B	odies	SHIRE					

r Test:

Sign. of Technican

ISO CERTIFIED HOSPITAL

ऋग्वेद हॉस्पीटल, भरतपुर

(वूमेन्स एण्ड चिल्डरन्स, हॉस्पीटल)

हीरादास चौराहा, पैट्रोल पम्प के पीछे, भरतपुर (राज.)



नतस शोधों से यह जात

केवल 10 प्रतिशत में

मासिक स्त्राव पीड़ा में तुरन्त चिकित्सक

शिल रहता है। इस सकती हैं। हालांकि

से 18वें दिवस में ही है कि यदि एक

धर्म, ब्लडग्रंप,

त् सलाह लेनी







डॉ. (श्रीमती) ऋतु चौधरी

MD, DGO, MIMA PGD-INFERTILITY & SONOGRAPHY विशेषज्ञ - सोनोग्रापनी, बांझपन स्त्री एवं प्रस्ति रोग

प्रनीष चौधरी

BBS, DCH, MIMA, MIAP ात चित्रा एवं बाल रोग विशेषज्ञ

रोग विशेषज्ञ की सेवायें :

यें : NICU (Neonatal Intensive Care Unit) त शिश् गहन विकित्सा कहीं) हेरेपी (पीलिया को कम करने की मशीन) e or Double Surface Photo theraphy) ange Transfusion (पीलिया में खुन बदलना) lizer (न्यूगीनियाव अस्वमा मेंसांस देने की मशीन) ratory (लेबोरेट्री) परीक्षण लेख

एवं प्रस्ति रोग विशेषज्ञ की सेवायें :

ोकाकरण

बांझपन (Infertility), Folicular Study सोनोग्रापन्ने-पेटएवंगर्भाखशिशु केविकास की जांच अधिकतम नॉर्मल डिलीवरी

रिवार कल्याण सेवायें, कॉपरटी लगाना, बच्चे बन्द करने का ऑपरेशन (Tubectomy and Tubal-Ligation)

ऑपरेशन-सीबोरियन, रसीली, बच्चेदानी का ऑपरेशन(चीरेवालीएवंबिना चीरेवालीNDVH) बंद/ऑपरेशन के पश्चात नलियों को पुनः

बच्चेदानी के कैंसर की जांच (Pap Smear Exam)

डॉ. नेपो विद्यार्थी MS, MCH (मुम्बई) विख्यात कॉस्मेटिक एवं प्लास्टिक सर्जन की सेवार्य On Call

Patient Name: - Blomahak, sex-male, w.t. 2:300, DOB- 20/1/25, TOB- 9:36Am

fathers. Name! - VIShru Farrer

00- Birth Asphyria

Bigth time Late ony & Borth range

occurrence, Admit at 84 st t

AN

CEC

ABORN

'धूण लिंग वर्तक्षण करवाना जवन्य अपराध है। तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

🔆 10000 से अधिक बांझपन (Infortility) का समाल इत्यान

परामर्श शुल्क 5 दिन तक मान्य है

🕆 10000 से अधिक सकल ऑपरेजन जिसने सीलेपियन, हिस्ट्रेक्टमी (बन्बेदानी का ऑपरेजन) बंद नालियों का पुन: खोलना (Recanalization) आहि एवं अस

V

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ारी मिले।

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ऋग्वेद मल्टी स्पेशलिटी हॉस्पीटल, भरतपुर

हीरादास चौराहा, पैट्रोल पम्प के पीछे, भरतपुर (राज.)

INDOOR TICKET

UHID= 1683	202
e of the Patient. Mahak	IPNO. 282
er's Name / Husband's Name . VIShow Kumar Co	ge 21 y sex female
ess will. There of 19. Ago	ontact No. 9. 9.1.4.1.9.5.00.2.
10/21/2	
Discharge	ission / '28 PM
lagnosis l. l. c 35.6 c c lala	harge
	And 15- DR. manorch.
oting Complaints L.S.CS mull 20/12	surlb-00 lituch
Adults BLCAB 9.7004 9:36A	
1 - Donalds	<u>Vitals</u>
· 1 5 Capanian	BP: 130 Book.
J. Amikadi soo	HR: 05%.
I. Ruts	RR: 191-
J. Onder	Sat: 98,
	Temp: 96f
I.v.I. 10 RC	Investigation w - 13.47
10 DVR	CRC 0-137
Liz.	ABORH - B+W
	HBSAZ-NIL
	PPTCT-N-R
	RBS- 55-0mm
	RT-2!101-
	C-T-4:59 4.

LF7. 41K-90-.

No. 049 Date: 8/10/2023 to 7/10/2028 वेद हास्पीटल इन्द्रा नगर, हीरादास, भरतपुर (राज.) 95092066 Mahak wie vishnu ku Jat Age/Sex P 1 214 Date 6/1/25 1 By Dr. Ritu cchoudhaury SONOGRAPHY SECTION ef Obstetrics History nity & Primi/Multi PILIE Prev 12-5.C.S Inical Presentation by Patient 8 m.A s.G. for Foetal Well Benig BS1 -> 34.00/2 SCANNING REPORT Confirmed / Not Confirmed Single / Twins/Multiple Vx/Breech/Transverse/Variable Head is on Lt side esentation Longitudinal / Oblique Normal / Sluggish / Not Seen etal Movements Adequate / Inadequate / Excess nniotic Fluid Echotexture (Homogenus/Heterogenus) Fundal Postarier centa Placenta previa (Present / Not Present) Placenta Gr. G.Age.....Wks.....days Diameter..... station Sac G.Age.....Wks.....days Diameter.....mm G.Age......32.....Wks.......V......days Diameter 8-01 Cm mm G.Age......34 Wks...... S......days Diameter. 6.81cm mm eight of Fetus/E.F.B.W. 200.2.09 1 200.9 -- 15gm% LMP EDD 13/25 D.D. by EGA There is single/twin/tripple viable foetus with gestational age approxi 31 w 3d + 1 day wks. inclusion: crow tenderment & Cord Aurolound Neck 1. FOR DETAIL CONFEBITAL ANOMALIES ADVISED TO SCAN AT HIGHER CONGENITAL ANOMALIES CENTER (Not) all

congenital abnormalities are detectable. On USG Due to Sonographic Limitations Fetal Position Quantity of Liquor etc. Kindly Corretate with clinical findings. If any disparity USG may be repeated.

Because of legal Prohibition, Anormalies in Retation to Caudal and are not Evaluated.

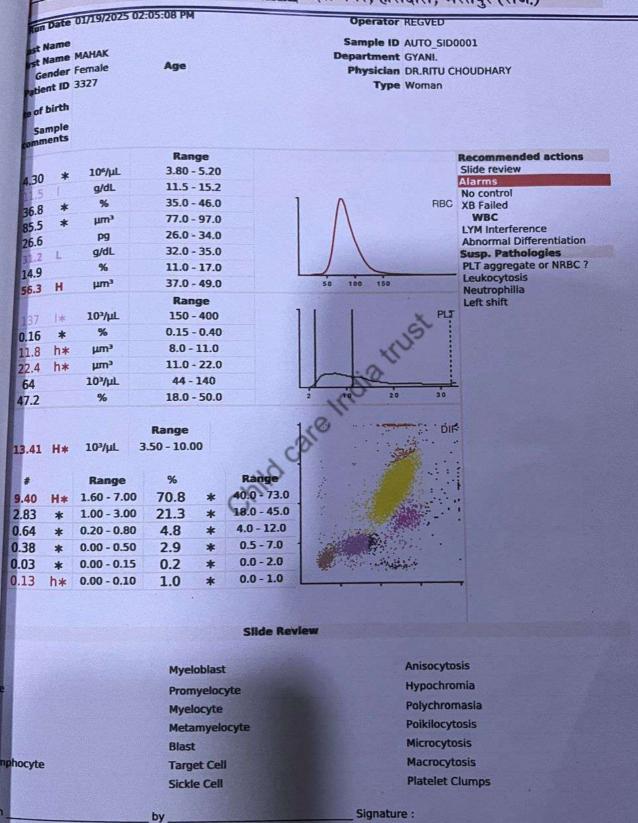
I have neigher detected nor disclosed the sex of her foetus to any body in any manner. (Not for medico legal purpose)

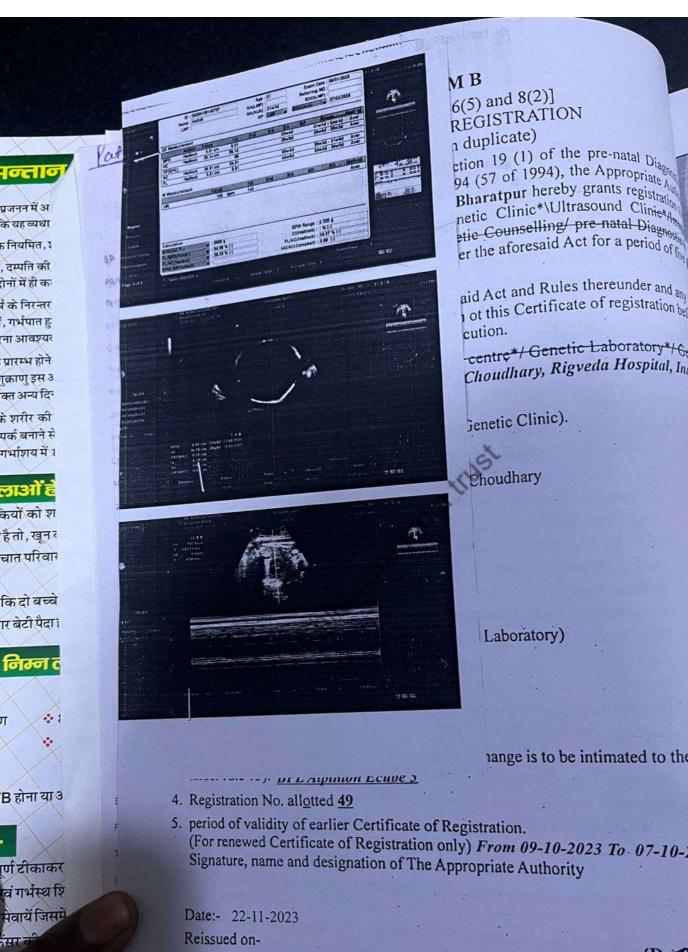
shaec councaltion

Sonologist

के.आर. लैब एण्ड डायग्नोस्टिक सेन्टर

Clo ऋग्वेद हॉस्पीह्यामङ्गिदरा नगर, हीरादास, भरतपुर (राज.)





6(5) and 8(2)] REGISTRATION a duplicate) ction 19 (1) of the pre-natal Diagnostion 19 (1) of the Appropriate Appropriat Bharatpur hereby grants registration netic Clinic*\Ultrasound Clinican netic Clinic | Discound Clinican netic C etic Counselling pre natal Diagnosi

aid Act and Rules thereunder and any ot this Certificate of registration below cution.

centre*/ Genetic Laboratory*/ Genetic Laboratory*/ Genetic Laboratory*/ Genetic Laboratory*/ Choudhary, Rigveda Hospital, Indra BY.

Jenetic Clinic).

Choudhary

Laboratory)

FETAL ME ARIETAL DIAN D CIRCUMFE OMINAL CIRL UR LENGTH

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DATE BY L

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ESSION

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nange is to be intimated to the Appropriate TIME

(For renewed Certificate of Registration only) From 09-10-2023 To 07-10-2028 Signature, name and designation of The Appropriate Authority

(Dr. Prashant ku

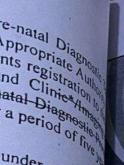
Joint Dirictor Medical and Hell Zone Bharatpu

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE SEAL

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र्ण टीकाकर वं गर्भस्थ शि सेवायें जिसमें

ा है त



under and any co gistration before

pratory*/ Gener ospital, Indran



sound Centre Fully Diagnostic Centre,

Colour Doppler 3D/4D Ultrasound

TO NAME	MRS. MEHAK	AGE/SEX	22 Y/Fi
TIENTS NAME BY.	DR. SEEMA SINGH	DATE	04 / 11 /2024

OBSTETRICAL SONOGRAPHIC FINDINGS

FETAL MEASUREMENT	FETUS FINDINGS		
PARIETAL DIAMETER	24 Wks 04 Days (+/- 15 DAYS) 24 Wks 05 Days (+/- 15 DAYS)		
DCIRCUMFERENCE			
OMINAL CIRUMFERENCE	25 Wks 00 Days (+/- 15 DAYS)		
UR LENGTH	25 Wks 04 Days (+/- 15 DAYS)		
CTIVE FETAL WEIGHT	762 grams (+/-10 %)		
PUTED GESTATIONAL AGE	25 Wks 00 Days (+/- 15 DAYS)		
RT RATE	140 BEATS PER MINUTES		

DATE BY U.S.G

17/02/2025

CENTA = POSTERIOR

GRADE - 1

AL CARDIAC ACTIVITY & BODY MOVEMENTS ARE NORMAL.

OR AMOUNT = ADEQUATE

(AFI- 11.2 CM)

HE TIME OF EXAMINATION FETUS IS BREECH PRESENTATION.

ESSION = SINGLE LIVE INTRAUTERINE FETUS OF 25 WKS 00 DAYS (+ /-15 DAYS) WITH BREECH PRESENTATION.

FURTHER INVESTIGATIONS AND CLINICAL CORRELATION.

a professional opinion not diagnosis; U/S findings are only suggestive, it should be considered along with findings and other investigation may review in case of discreprency.

KS FOR REFFERING

DR. ANUPAM [M.B.B.S., P.G. DIP. SONOLOGIST]

y 2/16 Prashant ku Joint Dirictor dical and Hea one Bharatpu

0-2028

the Appropriate

SEAL LACE AT

Proforma Invoice / Fund Requisition Report

Patient Details

Patient Name: Newborn Baby of Mehak

Father's Name: Vishnu

Contact Number: 9414193632 Admission Date: 19 January

Hospital Name: Rigved Hospital, Bhartapur

Overall Analysis

The newborn baby of Mehak was admitted to Rigved Hospital on 19 January. The baby requires immediate medical intervention to address complications arising from birth. Treatments include neonatal care, monitoring, and medication. The condition is critical and demands specialized care and consistent follow-ups to ensure recovery.

Fund Requirement - During Hospital Stay

Fund Description	Amount (INR)
Hospital Stay	50,000
RMO, Nursing, Consultants & Specialists	40,000
Medication + Consumables	20,000
Pathology & Diagnostics	10,000

Total: 1,20,000

Total (in words): One Lakh Twenty Thousand Only

We urge kind-hearted individuals to contribute towards the newborn's treatment and support their journey to recovery. Every contribution will directly cover medical expenses. Thank you for your generosity.

Vishrid

Request for Financial Support for Newborn Baby of Mehak

To,

The Chairperson,

Child Care India Trust

Respected Sir/Madam,

I, Vishnu, father of a newborn baby currently admitted to Rigved Hospital, Bhartapur, am writing to seek your kind support for the medical treatment of my child. My baby was admitted on 19th January due to complications arising from birth and is undergoing critical care, including neonatal monitoring and medication.

The total estimated cost of the treatment amounts to INR 1,20,000 (One Lakh Twenty Thousand Only). Due to my financial constraints, I am unable to bear the entire expense on my own. I humbly request your esteemed organization to provide financial assistance to support my child's recovery. Your generous contribution will make a significant difference in ensuring the timely and adequate treatment my baby urgently needs.

Please find attached the proforma invoice and necessary documents for your kind perusal. I am hopeful for your positive consideration of my request. Kindly let me know if further details are required to process this request.

Thank you for your support and understanding.

Yours sincerely,

Vishnu

Contact Number: 9414193632

Jishnu Jishnu