





Pushpanjali
Hospital & Research Centre
NABH ACCREDITED



Bed 11

Pushpanjali Palace, Delhi Gate, Agra | Ph.: 7505400400, 0562-4024000, 0562-7124000 | E-mail: info@pushpanjalihospital.in | Web: www.pushpanjalihospital.in

MR NO: 322424		IPD NO: IP2518938	
Name :-	B/O RAJ KUMARI	DOA :-	04-02-2026 / 11:18PM
Guardian :-	S/O RAVINDRA	DOD :-	
Age & sex :-	18 D / M	Ward :-	NICU
Address :-	BARAH KAMBHA THOLU KA NAGLA AGRA	Bed :-	05/NICU -IV
Contact :-		Referred Dr :-	Dr.Mukesh Bhardwaj
Company :-		Category:-	HOSPITAL
Specialty 1 :	Dr.ANUBHAV JAIN	Specialty 2:-	Dr.
		Specialty 3:-	Dr.



TEST REPORT

Booking Time: 00:21:18
Sample Drawn: 05/02/2026 00:23:35
Sample Received: 05/02/2026 00:24:14
Reported On: 05/02/2026 07:18:24
Print Date & Time: 05/02/2026 08:07:07

Date: 05/02/2026 Patient ID: 112533289 Refd by Lab: PUSHPANJALI HOSPITAL Mob:
Name: Mst of RAJ KUMARI Age: 18 Days Gender: Male
Refd by: Dr. ANUBHAV JAIN, DNB (Paediatrics), (Consultant Paediatrician)
Pt. E-mail ID : Slide No:

Test	Value	Biological Ref Interval	Unit
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BIOCHEMISTRY - TEST REPORT

ARTERIAL BLOOD GAS (ABG)

Blood Type : Arterial, Sample : Whole Blood
Method : Potentiometry, Amperometry, Conductance
Technology : Electrochemical Phenomena & Co-Oximeter Technology

Temperature	98.6		D/F
FIO2	21.0		
<u>Blood Gas Values</u>			
pH	7.321 L	7.350 - 7.450	(-)
pCO2	26.3 L	27.0 - 41.0	mmHg
pO2	95.0	80.0 - 100.0	mmHg (+)
Bicarbonate (cHCO3)	13.3 L	19.0 - 27.0	mmol/L
Standard Bicarbonate (cHCO3 st)	16.1 H		mmol/L
Oxygen Saturation Capacity (SO2)	99.1 H	75.0 - 99.0	%
Base Excess (BEb)*	-10.9 L	+/- 1.00	mmol/L
ctCO2	14.1 H		mmol/L
<u>Electrolytes Values</u>			
Na+	130.0 L	135.0 - 148.0	mmol/L
K+	4.40	3.00 - 7.00	mmol/L (+)
Ca2+	1.160	1.120 - 1.320	mmol/L (-)
Cl	105.0	98.0 - 107.0	mmol/L
<u>Hb Derivatives</u>			
Hemoglobin (tHb)	15.1	11.5 - 17.4	g/dL
Hct	44.0	35.0 - 50.0	%
FO2 Hb	94.7		
FCOHb	1.1	0.5 - 2.5	%
FHHb	0.9 L	1.0 - 5.0	%

Printed by: REPSUBHASH
If Results Marked with HC=High Critical & LC=Low Critical Results.
Test Requested: Arterial Blood Gas, COLLECTION CHARGE
Page No: 1 of 2



DR. SC GUPTA
DCP (PATH.)
R.No. 5763/7 & 1973



TEST REPORT

Booking Time: 13:25:00
Sample Drawn: 05/02/2026 13:28:20
Sample Received: 05/02/2026 13:57:51
Reported On: 05/02/2026 14:45:40
Print Date & Time: 05/02/2026 15:53:29

Date: 05/02/2026 Patient ID: 112533315

Refd by Lab: PUSHPANJALI HOSPITAL
Age: 18 Days

Mob:
Gender: Male

Name: Mst of RAJ KUMAR
Refd by: Dr. ANUBHAV JAIN, DNB (Paediatrics), (Consultant Paediatrician)

Slide No:

Pt. E-mail ID :

Test	Value	Biological Ref Interval	Unit
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HAEMATOLOGY - TEST REPORT

A.P.T.T.	38.30 H	24.2 - 31.6	Sec
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Method: Nephelometry, Sample Type: Citrate Blood

SUMMARY:

The arrest of bleeding depends upon primary platelet plug formed along with the formation of a stable fibrin clot. Formation of this clot involves the sequential interaction of a series of plasma proteins in a highly ordered and complex manner and also the interaction of these complexes with blood platelets and materials released from the tissues. Activated partial Thromboplastin . Time is prolonged by a deficiency of coagulation factors of the intrinsic pathway of the humen cogulation mechanism such as factor XII, XI, IX, VIII, X, V, II and Fibrinogen. Determination of APTT helps in estimating abnormality in most of the clotting factors of the intrinsic pathway including congenital deficiency of factor VIII, IX, XI and XII and is also a sensitive procedure for generating heparin response curves for monitoring heparin therapy.



[Signature]



MC-7766

Dr. Ashok Sharma
MD (PATH. & BACT.)



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Refd by Lab: PUSH PANJALI HOSPITAL

Mob:

Name: Mst of RAJ KUMARI

Age: 18 Days

Gender: Male

Refd by: Dr. ANUBHAV JAIN, DNB (Paediatrics), (Consultant Paediatrician)

Slide No:

Pt. E-mail ID :

Test	Value	Biological Ref Interval	Unit
FMetHb	3.3 H	0.4 - 1.5	%
Metabolites Values			
Glucose	43.0 L	70.0 - 170.0	mg/dL
Lactate	7.6 H	0.5 - 2.0	mmol/L
Oxygen Status			
pO2/FIO2	4.5 H		mmHg/%
ctO2(a)	20.2 H		mL/dL
BO2	20.1 H		mL/dL
Calc. Values			
pHt	7.3 H		mmHg
pCO2t	26.3 H		mmHg
pO2(A-a)(T)	23.2		%
pO2(a/A)(T)	0.8 H		mmHg
pO2t	95.0		mmol/L
Base Excess (BEecf)	-12.8 L		mg/dL
nBili	7.2		mmol/L
Ca++ (7.4)	1.1 H		%
Respiratory Index; RI	0.2 H		%
Qsp/Qt(est)(T)	7.0 H		mmol/kg
Osmolality	262.4 H		mmol/L
AnGap	16.1 H		mmHg
pAtm	760.0 H		

*** End of Report ***

Printed by: REPSUBHASH

If Results Marked with HC=High Critical & LC=Low Critical Results.

Test Requested: Arterial Blood Gas COLLECTION CHARGE

Page No: 2 of 2



DR. SC GUPTA
DCP (PATH.)
R.No. 5763/7.8.1973



TEST REPORT

Booking Time: 02:05:30
Sample Drawn: 05/02/2026 02:08:44
Sample Received: 05/02/2026 02:09:14
Reported On: 05/02/2026 08:04:00
Print Date & Time: 05/02/2026 08:07:34

Date: 05/02/2026 Patient ID: 112533290
Name: Mst of RAJ KUMARI
Refd by: Dr. ANUBHAV JAIN, DNB (Paediatrics), (Consultant Paediatrician)
Pt. E-mail ID :

Refd by Lab: PUSHPANJALI HOSPITAL
Age: 18 Days

Mob:
Gender: Male
Slide No:

Test	Value	Biological Ref Interval	Unit
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HAEMATOLOGY - TEST REPORT

C.B.C.			gm/dl
Haemoglobin (Hb)	14.3	11.5 - 16.5	
Method: Cyanide free SLS, Sample Type: EDTA Blood			
Total Leucocyte Count (TLC)	8370	5000 - 19000	/cumm
Method: Flow Cytometry, Sample: EDTA Whole Blood			
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			%
Neutrophils	90.3 H	20.0 - 50.0	
Method: Forward & Light Scattered/Microscopy			
Lymphocytes	07.5 L	55.0 - 65.0	%
Method: Forward & Light Scattered/Microscopy			
Eosinophils	00.0 L	01.0 - 06.0	%
Method: Forward & Light Scattered/Microscopy			
Monocytes	01.8 L	02.0 - 08.0	%
Method: Forward & Light Scattered/Microscopy			
Basophils	00.4	00.0 - 01.0	%
Method: Forward & Light Scattered/Microscopy			
Absolute Neutrophil Count	7558	3000 - 9000	/μL
Method: Calculated			
Absolute Lymphocyte Count	628 L	3000 - 16000	/μL
Method: Calculated			
Absolute Eosinophil Count	0 L	200 - 900	/μL
Method: Calculated			
Absolute Monocyte Count	151 L	300 - 1000	/μL
Method: Calculated			

Printed by: REPSUBHASH
If Results Marked with HC=High Critical & LC=Low Critical Results.
Test Requested: BIL, C B C, COLLECTION CHARGE, CRP, ELECTROLYTES, SERUM UREA, SGPT, UREA / BUN
Page No: 1 of 5



DR. SCGUPTA
DCP (PATH.)
R. No. 5763/7.8.1973



MC-7766

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PL E-mail ID :

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Age: 18 Days

Mob:
Gender: Male

Slide No:

Test	Value	Biological Ref Interval	Unit
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BIOCHEMISTRY - TEST REPORT

UREA

Method: Kinetic Uncase, Sample: Serum

Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: COBASPURE

49.6 H	16.6 - 48.5	mg/dl
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BLOOD UREA NITROGEN (BUN)

Method: Calculated, Sample: Serum

23.1 H	9.0 - 23.0	mg/dL
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S.CREATININE

Method: Jaffe's Reaction, Sample: Serum

0.58	0.24 - 0.85	mg/dL
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Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: ATELLICA CI

Age	Normal Range
Adult (Male)	: 0.70 - 1.20
Adult (Female)	: 0.50 - 0.90
Neonates (Premature)	: 0.29 - 1.04
Neonates (Full Term)	: 0.24 - 0.85

S.SODIUM

Method: IMT, Sample: Serum

132.0 L	135.0 - 150.0	mmol/L
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S.POTASSIUM

Method: IMT, Sample: Serum

4.32	3.50 - 5.10	mmol/L
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CHLORIDE

Method: IMT, Sample: Serum

104.0	98.0 - 107.0	mmol/L
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S.CALCIUM

Method: Arsenazo-Colorimetric, Sample: Serum

8.90 L	9.00 - 10.00	mg/dL
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Age	Normal Range
Adult	: 8.70 - 10.70
Neonates (0-7 Days)	: 7.50 - 11.00

If Results Marked with HC=High Critical & LC=Low Critical Results.

Test Requested: BILI, C & C, COLLECTION CHARGE, CRP, ELECTROLYTES, SERUM UREA / BUN

Page No: 3 of 5



DR SCGUPTA
DCP (PATH.)
R.No. 5763/7.8.1973



MC-7766

Dr. Ashok Sharma
MD (PATH. & BACT.)



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Refd by: Dr. ANUBHAV JAIN, DNB (Paediatrics), (Consultant Paediatrician) Gender: Male
Pt. E-mail ID : Slide No:

Test	Value	Biological Ref Interval	Unit
PROTHROMBIN TIME (PT/INR) Method: Nephelometry, Sample Type: Citrate Blood			Sec
On Patient Blood	20.40 H	9.65 - 12.91	Sec
MNPT	11.30		
Prothrombin Ratio (PR)	1.805		
International Normalized Ratio (INR)	1.84 H	0.80 - 1.10	

NOTE

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate the therapeutic range varies with disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0-3.0 :

1. Treatment of Venous thrombosis & Pulmonary embolism
2. Prophylaxis of Venous thrombosis (High Risk Surgery)
3. Prevention of systemic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation
4. Bileaflet mechanical valve in aortic position

INR 2.5-3.5 :

1. Mechanical prosthetic valves
2. Systemic recurrent emboli

Comments

Prothrombin times measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

Printed by: REPSUBHASH

If Results Marked with HC=High Critical & LC=Low Critical Results.

Test Requested: A.P.T.T, COLLECTION CHARGE, PROTHROMBIN TIME

Page No: 2 of 3



[Signature]

DR. JOHNY GUPTA
MD (PATHOLOGY)
R.NO. 12050/09.04.2019



MC-7766

Dr. Ashok Sharma
MD (PATH. & BACT.)

TEST REPORT

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Name: Mst of RAJ KUMARI

Refd by Lab: PUSHPANJALI HOSPITAL

Mob:

Age: 18 Days

Gender: Male

Refd by: Dr. ANUBHAV JAIN, DNB (Paediatrics), (Consultant Paediatrician)

Slide No:

PL E-mail ID :

Test	Value	Biological Ref Interval	Unit
Children (8 Days - 2 Yrs)	: 9.00 - 10.00		
Children (2 Yrs - 12 Yrs)	: 8.80 - 10.80		
S.G.O.T (AST) Method: Kinetic with P5P, Sample: Serum Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: ATELLICA CI	53.0	20.0 - 70.0	U/L
S.G.P.T (ALT) Method: Modified IFCC, Sample: Serum Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: ATELLICA CI	15.0	10.0 - 40.0	U/L
BILIRUBIN (TOTAL, DIRECT & INDIRECT) TOTAL BILIRUBIN Method: Vanadate Oxidation, Sample: Serum Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: Atellica CI	7.50 H	<1.20	mg/dL
DIRECT BILIRUBIN Method: Vanadate Oxidation Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: Atellica CI	2.80 H	<0.60	mg/dL
INDIRECT BILIRUBIN Method: Calculated, Sample: Serum *Note: The Harriet Lane Hand Book (20th Ed.)	4.70 H	<1.00	mg/dL

IMMUNOLOGY - SEROLOGY TEST REPORT

C-REACTIVE PROTEIN (CRP) 257.00 H

Method: Immunoturbidimetric, Species: Serum

Printed by: REPSUBHASH
If Results Marked with HC=High Critical & LC=Low Critical Results.

Test Requested: BIL, C.B.C, COLLECTION CHARGE, CRP, ELECTROLYTES, SERUM

Page No: 4 of 5

DR. ARUN KUMAR GUPTA
MD (MICROBIOLOGY)
R.NO. 12-11544/24.2.12DR. SC GUPTA
DCP (PATH.)
R.No. 5763/7.8.1973