[illegible]

N.I.C.U. INFANT'S CARD

Name B/O SANDEEP KAUR CR No. 1061459
Father's Name MALWINDER SINGH Sex MALE
Date of Birth 30/07/25 Time of Birth
Birth Weight 1370 GM Gestation 33 WEEKS
Date of Admission 30/07/25 Wt. at Admission [illegible]
Consultant DR PRABAKARAN CP
Diagnosis SINGLETON| MODERATE PT| 33WEEKS/1370GM MALE| CIAB| SGA| LBW| LSCS| U/O UTEROPLACENTAL INSUFFICIENCY| H/O [illegible] H/O [illegible] TREATMENT) [illegible] UNBOOKED| [illegible] CLEAR

Kidney Hospital & Lifeline Medical Institutions

REPORTS

Patient Name	: B/O SANDEEP KAUR	**CR.NO.**	: 1061459	**Collected**	: 03-AUG-2025 08.00 AM
Age :	4 DAYS **Gender** :MALE	**Lab No**	: 3287260	**Reported**	: 03-AUG-2025 09:25 AM
Doctor Incharge	: DR.PRABAKARAN.G,MD,DM	**Room No**	: NICU BED NO: 31C	**Status**	: FINAL

TEST	OBSERVED VALUE		BIOLOGICAL REFERENCE
C. REACTIVE PROTEIN,QUANTITATIVE	: 4.78	mg/L	

INTERPRETATIONS :
The complete blood count,CBC is often used as a broad screening test that evaluates the three types of cells that circulate in the blood & helps to determine an individual's general health status. It can be used to :

- Screen for a wide range of conditions and diseases.
- Help diagnose various conditions, such as anemia, infection, inflammation, bleeding disorder or leukemia.
- Monitor the condition and/or effectiveness of treatment after a diagnosis is established.
- Monitor treatment that is known to affect blood cells, such as chemotherapy or radiation therapy.

METHOD : NEPHELOMETRIC ASSAY

BIOLOGICAL REFERENCE :
0 - 6 MG/L

INTERPRETATIONS :
CRP is one of the proteins commonly referred to as the Acute Phase reactants. CRP is distinguished by its rapid response to Infection or trauma.Testing for CRP is indicated in following situations monitoring recovery from Surgery, MI,Organ Transplant, IBD, RA & other Infectious Diseases. CRP in Autoimmune disease may show little or an Increase unless infection is present. Level may not increase in pregnancy, angina, seizures, asthma and Common cold due to viral conditions.
Elevated CRP are associated with Inflammatory Disorders, tissue necrosis or infections & can be used to detect & monitor Septicemia with follow up values to response to therapy.

———— End of Report ————

Surabhi
DR.SURABHI
(CONSULTANT PATHOLOGIST)

Prepared By: NAVEEN KUMAR (1210)

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DEPARTMENT OF LABORATORY

REPORTS

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TEST		**OBSERVED VALUE**	**BIOLOGICAL REFERENCE**
SEPTIC SCREEN ANALYSIS			
RBC	:		
NUCLEATED RBC	:		
WBC	:	/Cu mm	
CORRECTED WBC ON SMEAR	:		
NEUTROPHILS+BANDS	:	%	
IMMATURE CELLS	:	%	
LYMPHOCYTES	:	%	
EOSINOPHILS+MONOCYTES	:	%	
PLATELET COUNTS	:	/Cu mm	
ANALYSIS	:		
ANC	:	/Cu mm	
C. REACTIVE PROTEIN,QUANTITATIVE	:	mg/l	
IMMATURE CELLS:TOTAL RATIO	:		
I.T. RATIO	:		
IMPRESSION	:		
ADVISED	:		

INTERPRETATIONS :

Septic screen is a panel of hematology/biochemical tests (including total leukocyte counts,C-Reactive protein,absolute neutrophil counts, and immature-to-mature neutrophil ratio) which helps in increasing or decreasing the clinical probability of Neonatal sepsis.

To increase the accuracy, result of septic screen should be used in association with clinical condition of the baby and associated risk factors.

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TEST	OBSERVED VALUE		BIOLOGICAL REFERENCE
COMPLETE BLOOD COUNT,CBC :	:		
Hb	: 18.7	GM/DL	12.0 - 16.0
WBC COUNT :	:		
TLC	: 5570	/Cu mm	4000-11000
DIFFERENTIAL COUNT :	:		
NEUTROPHIL	: 56.4	%	40.0 - 75.0
LYMPHOCYTE	: 23.4	%	15.0 - 45.0
MONOCYTE	: 19.9	%	4.0 - 13.0
EOSINOPHIL	: 0.3	%	0.5 - 7.0
BASOPHIL	: 0.0	%	0.0 - 2.0
RBC INDICES	:		
RBC	: 4.55	ul	3.9 - 5.8
HCT	: 48.1	%	35.0 - 49.0
MCV	: 105.8	fL	75.0 - 97.0
MCH	: 41.0	pg	26.5 - 33.0
MCHC	: 38.8	g/dL	32.0 - 36.0
RDW-CV	: 19.3	%	12.0 - 18.0
RDW-SD	: 75.8	fL	37.0 - 56.0
PLATLET INDICES	:		
PLT	: 166000	/Cu mm	150000 - 450000
MPV	: 9.1	fL	7.4 - 11.0
PCT	: 0.151	%	0.150-0.400
PDW	: 16.1	fL	11.0 - 20.0

METHOD : PHOTOMETRY,ELECTRICAL IMPEDANCE,OPTICAL/IMPEDANCE & CALCULATED

INTERPRETATIONS :

REPORTS

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