डा. आशुतोष गुप्ता
Dr. Ashutosh Gupta
M.S., DNB, MNAMS, FIAGES
General & Laparoscopic Surgeon
पेट एवं आँत रोग विशेषज्ञ (सर्जन)
CRITICAL CARE & TRAUMA SPECIALIST
REGISTRATION NO.:38523 UPMC

KNOWN DRUG ALLERGY Y/N

Mr. Smita
40Y/F

Adv.

- orally normal diet
- Inj Pantac 40 IV 1-0-0.
- Tab Ibset 1-0-0.
- Inj Perinorm 1 amp SOS
- Tab Librex 1 bid
- Tab Linotril 0.25mg 1-1-1-0.

x21 days.

03/03/2022.

C/o
- reaumin Vomiting
- generalised bodyache

Invest:
- CBC/SGPT.
- HbsAg. 10'I.Dbs-

- Tab Brakka 1 bid
- Tab Dolowin Spas 1 bid | 3dy.

Laparoscopic Cholecystectomy, Lap-appendix, Lapro diagnosis, Lap Hernia, Inguinal Umbilical & Incisional Lap-Cystectomy, Advanced Lap Minimal Access Surgery, Open Cholecystectomy, All Emergency abdominal Conditions. Complicated abdominal operations Mesh Hernia Repair', Emergency trauma Surgeries, MIPH, retroperitoneoscopy, Lap-management of Liver Cysts & abcesses, Fistula, Fissure, Piles

CONSULTATIONS

आरोग्या हॉस्पिटल
AROGYA HOSPITAL
• Saturday OPD Closed • Sunday Evening OPD Closed
172 "C" Block, Panki, Kanpur
Tel. : 0512-2260166, Mob.: 8924025797, 6388438312 (Whatsapp)
10:30 A.M. to 02:00 P.M., 07:00 P.M. to 08:00 P.M.

रीजेन्सी हॉस्पिटल
REFENCY HOSPITAL
Sarvodaya Nagar Kanpur
Tel. : 0512-2212201-5
2:00 P.M. to 3:00 P.M.

KANPUR MEDICAL CENTRE PVT.LTD.

LIVER SCAN

Name	Ishmita Singh	Age/D.O.B.	1/1/1981
Height(cm) 153	Weight(kg) 33	Gender F	BMI 14.1
Referring Clinic	Dept.of Gastroenterology,Liver & Biliary Sciences		
Physician	Dr Gaurav Chawla	ID	2021-10-25-1

Stiffness(KPA)		Measurements		UAP(db/m)	
Median	8.2	Success Rate	100.0	Median	180
IQR/Median	19%	Valid/Total	10/10	IQR/Median	11%

For reference only. Please consult your physician for further diagnosis.

Note
- F2 FIBROSIS
- NORMAL STEATOSIS

Time 2021/10/25 14:31:30

Operator / Doctor

Report generated by FibroTouch

Dr. Gaurav Chawla
M D (Med)-Gold Medalist
D M (Gastro-CMC Vellor
Consultant Gastroentrologist & Hepatolo
Reg No.-75122
(UPMC)

KANPUR MEDICAL CENTRE PVT. LTD.
CLINICAL GASTROENTEROLOGY AND HEPATOLOGY
ENDOSCOPY UNIT

GASTROSCOPY REPORT

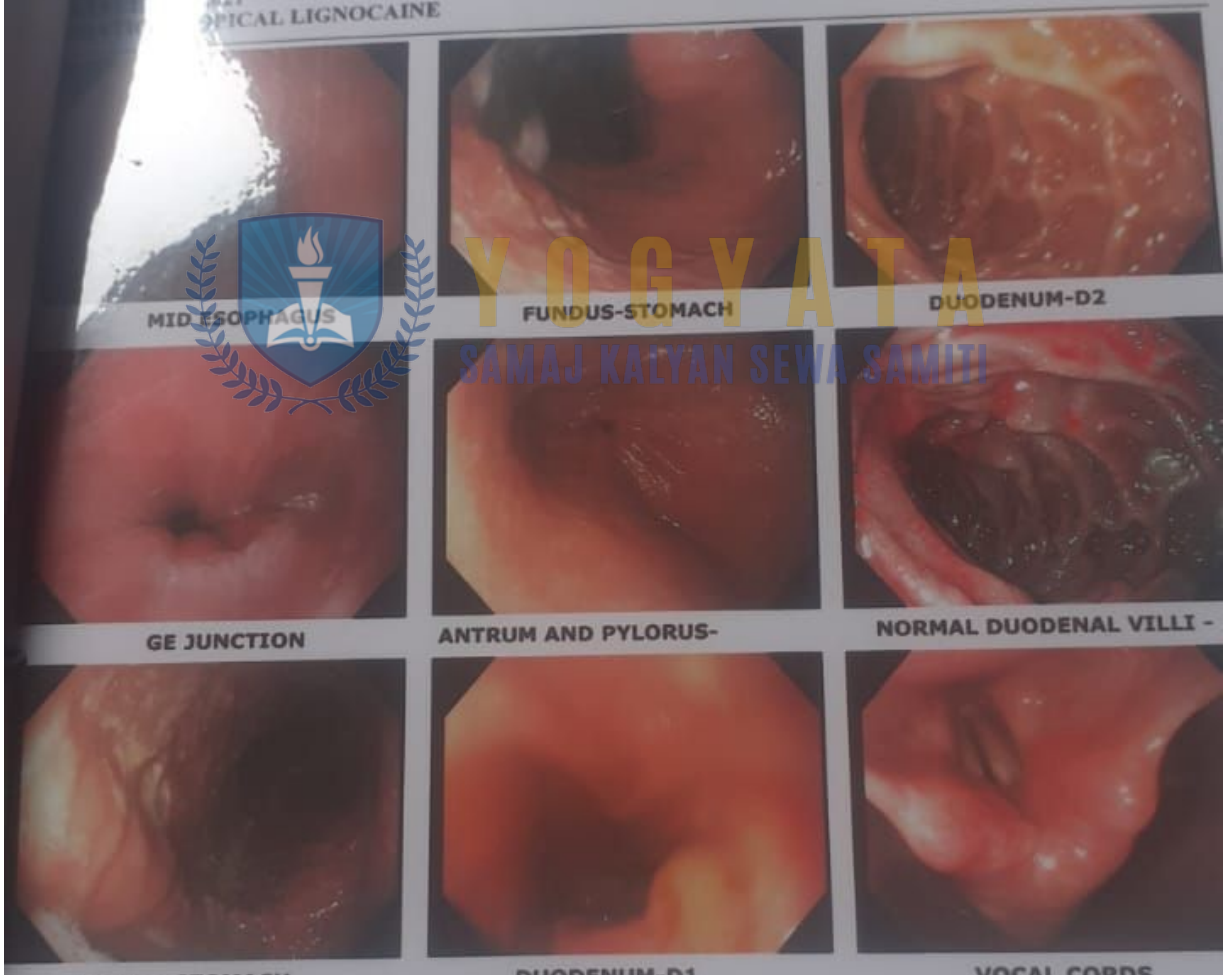
OLYMPUS HIGH DEFINITION GASTROSCOPE

NARROW BAND IMAGING

SMITA SINGH

REF BY: SELF
SCOPIST: Dr. GAURAV CHAWLA
SCOPE: GIF H 170
INDICATION: VOMITING

821
OPICAL LIGNOCAINE



MID ESOPHAGUS | FUNDUS-STOMACH | DUODENUM-D2

GE JUNCTION | ANTRUM AND PYLORUS- | NORMAL DUODENAL VILLI -

BODY - STOMACH | DUODENUM-D1 | VOCAL CORDS

MPRESSION: NORMAL MUCOSAL STUDY

IOPSY:NIL

ECOMMENDATION:NIL

Dr. Gaurav Chawla
MD, DM (GASTRO-CMC VELLORE)

Sharda Pathaology

(A Fully Automated Computerised Lab)

Lab. :
127/1/59, W-1, Saket Nagar, Kanpur
(Near Gopal Krishna Nursing home),
Helpline No.: 9838807040, 9336285733, 7905368387
E-mail :aksknp71@yahoo.com

Date : 15-Oct-2021 Ref.No : -
Name : **Mrs. SMITA SINGH**
Ref.By : Dr. G.S.D. GROVER M.D.

Centre KANPUR
Age 40 Yrs
Sex Female

Test	Value	Units	Reference Range
CHEMISTRY EXAMINATION			
BLOOD SUGAR FASTING	82	mg%	70- 110

Dr. Ashish Chandna
M.B.B.S., D.C.P. (Path), M.D. (Bio)

This report is to be help for better patient management.
Not Valid for Medicolegal Purpose.

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TH LABS PVT. LTD.

LABORATORY TEST REPORT

SMITA SINGH
40 Year(s) Gender : Female
ple ID :1112721 - Serum
nt ID :320149
Doctor :G S D GROVER MD
Customer :

Lab Code :CPL-UP-050
Sample Drawn Date :2021-10-17 13:11
Registration Date :2021-10-17 13:16
Approved Date :2021-10-17 20:13

CLINICAL BIOCHEMISTRY

t Description	Result	Units	Biological Reference Ranges
ney Function Mini Profile			
tinine, Serum (Spectrophotometry)	0.9	mg/dL	0.5 - 1.0
Serum (Spectrophotometry)	33.6	mg/dL	8.0-45.0
Urea Nitrogen (BUN) (Spectrophotometry)	15.7	mg/dL	7 - 18
Creatinine Ratio (Calculation)	17.4	Ratio	6-22
dium, Serum (ISE Direct)	141	mmol/L	135 - 145
ssium, Serum (ISE Direct)	4.5	mmol/L	3.8 - 5.2
ride, Serum (ISE Direct)	102	mmol/L	94-108
Acid, Serum (Spectrophotometry)	2.4	mg/dL	2.4 - 5.7

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Dr. Anju Kacker MD
Consultant Pathologist

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ATH LABS PVT. LTD.

LABORATORY TEST REPORT

SNITA SINGH			
: 40 Year(s) Gender : Female		Lab Code	:CPL-UP-050
mple ID	:1112722 - WB EDTA	Sample Drawn Date	:2021-10-17 13:11
ient ID	:320149	Registration Date	:2021-10-17 13:29
Doctor	:G S D GROVER MD	Approved Date	:2021-10-17 14:56
Customer	:		

CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
bA1c (Glycated Haemoglobin)			
ycated Haemoglobin (A1c)	4.2	%	< 5.7 : Non Diabetic 5.7 - 6.4 : Pre-Diabetic > 6.5 : Diabetic
timated average glucose (eAG)	73	%	

INTERPRETATION

Reference Group	HbA1c in %
Non diabetic adults	< 5.7
At risk (Pre-diabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: < 7.5

HbA1c (%)	Mean Plasma Glucose (mg/dL)
4	68
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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Dr. Anju Kacker MD
Consultant Pathologist

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LABORATORY TEST REPORT

SMITA SINGH
40 Year(s) Gender : Female
ple ID :1112721 - Serum
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Approved Date :2021-10-17 20:13

IMMUNOLOGY/SEROLOGY

t Description	Result	Units	Biological Reference Ranges
titis B Envelope Antigen (HBeAg)	0.49	S/Co	< 0.9 : Negative 0.9-1.1 : Equivocal > 1.1 : Positive

INTERPRETATION

Note:
Discrepant results may be observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results
False negativity about 15% in USA and > 50% in Asia, Africa & Southern Europe is observed in patients infected with HBV mutants where HBeAg is negative but HBV DNA is positive

Comments
HBeAg is a marker of active HBV replication in the liver indicating a highly infectious state. It appears within 1 week after appearance of HBsAg and is found only when HBsAg is present. HBeAg appears early in disease before biochemical changes and disappears after liver enzymes peak which is usually after 3-6 weeks. Persistence for more than 20 weeks suggests progression to Chronic carrier state and possible Chronic Hepatitis. It is the best predictor of maternal infectivity (90%) to untreated neonates at the time of delivery.

Uses
Indicator of highly infectious state
Predictor of maternal infectivity
Indicator of resolution of infection

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Technical

Dr. Aayesha Chauhan MD MBBS
Consultant Microbiologist

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H LABS PVT. LTD.

LABORATORY TEST REPORT

HITA SINGH
40 Year(s) Gender : Female
e ID :1112721 - Serum
ID :320149
octor :G S D GROVER MD
stomer :

Lab Code :CPL-UP-050
Sample Drawn Date :2021-10-17 13:11
Registration Date :2021-10-17 13:16
Approved Date :2021-10-17 20:13

CLINICAL BIOCHEMISTRY

Description	Result	Units	Biological Reference Ranges
, Free Thyroxine (FT4)	1.05	ng/dL	0.8 - 2.7 : Adults (21 - 87 Yrs) Pregnancy 0.7 - 2.0 : First Trimester 0.5 - 1.6 : 2nd and 3rd Tri

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Consultant Pathologist

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LABORATORY TEST REPORT

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Approved Date :2021-10-17 20:13

CLINICAL BIOCHEMISTRY

t Description	Result	Units	Biological Reference Ranges
ium, Serum	9.1	mg/dL	8.6 - 10.3

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Consultant Pathologist

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Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.
NABL Accredited parameter when processing in Hyderabad, main laboratory

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LABORATORY TEST REPORT

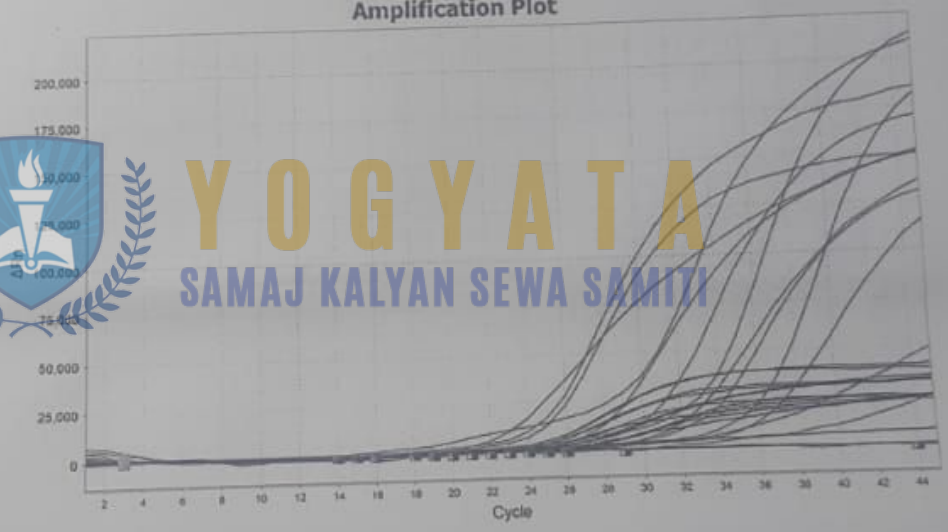
Mrs SMITA SINGH
Age : 40 Year(s) Gender : Female
Sample ID :1112723 - EDTA Plasma
Patient ID :320149
Ref. Doctor :G S D GROVER MD
Ref. Customer :

Lab Code :CPL-UP-050
Sample Drawn Date :2021-10-17 13:11
Registration Date :2021-10-17 13:27
Approved Date :2021-10-18 15:34

MOLECULAR BIOLOGY

Test Description	Result	Units	Biological Reference Ranges

Amplification Plot



Bhagat Singh
Manager Technical

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Dr. Aayesha Chauhan MD MBBS
Consultant Microbiologist

Date & Time	ASSESSMENT & TREATMENT
25/10/24	Δ: Probable Acute Recovering
	• Hep B ⟶ chronic Hep B
	• Dyspepsia
Adv. 1)	T. Sompraz 40 mg OD (BBF)
	T. Sucrafate syp TDS E
2)	T. Colospa X BD
3)	T. Colospa (20 mg per dose) 25 mg TDS
4)	T. Buthrinan...
5)	T. Ezocimpas plus NS (10)
	15 days
6)	T. BOMDT plus NS
	x 3 days

KANPUR MEDICAL CENTRE PVT. LTD.

DEPARTMENT OF GASTROENTROLOGY, LIVER & BILIARY SCIENCES

FIBROSCAN IN LIVER DISEASES

Liver stiffness as measured by transient elastography correlates with advanced fibrosis in patients with chronic hepatitis B, C or nonalcoholic fatty liver disease (NAFLD) and many other causes of liver disease and cutoffs vary according to the etiology of liver disease.

Liver stiffness in normal adults in <5-6 kPa.

	Optimal cutoff for diagnosing significant fibrois	Optimal cutoff for diagnosing significant cirrhosis
Chronic HBV infection	7-8 kPa	10-11 k Pa
Chronic HCV infection	7-8 kPa	11-12 k Pa
Non alcoholic fatty liver disease	6-7 kPa	10-11 k Pa

This technique works best for separating patients with minimal or no fibrosis from those with significant fibrosis. A linear correlation with increasing fibrosis does not occur, and 15-20% discordance between elastography scores and histologic fibrosis may occur.

Ultrasound elastography does not distinguish patients with no fibrosis from patients with minimal fibrosis. Advanced fibrosis may be underestimated and patients with macro nodular cirrhosis may be classified as non-cirrhotic.

Fibrosis may be overestimated in patients with extrahepatic cholestasis, acute hepatocellular injury or after heavy meals.

Liver Fat:
Controlled attenuation parameter (CAP) correlates with fat content of the liver.

Optimal cutoff values of CAP for prediction of > 33% and >66% fat in liver are 255-260 dB/m and 290-295 dB/m respectively.

If the values of one or both stiffness and CAP are abnormal, the individual is advised to be under regular follow up.

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LABORATORY TEST REPORT

HITA SINGH
0 Year(s) Gender : Female
ID :1112721 - Serum
ID :320149
ctor :G S D GROVER MD
stomer :

Lab Code :CPL-UP-050
Sample Drawn Date :2021-10-17 13:11
Registration Date :2021-10-17 13:16
Approved Date :2021-10-17 20:13

CLINICAL BIOCHEMISTRY

Description	Result	Units	Biological Reference Ranges
id Profile II			
Tri Iodothyronine (TT3)	93.21	ng/dL	60 - 200 Pregnancy: 1st Trimester: 81 - 190 2nd & 3rd Trimester: 100 - 260
Thyroxine (TT4)	8.6	µg/dL	5.5 - 11.0 1st Trimester : 4.6 - 16.5 2nd & 3rd Trimester: 4.6 - 18.5
timulating Hormone, (TSH)	4.05	µIU/mL	0.35 – 5.40 Pregnancy: 1st Trimester: 0.3 - 4.5 2nd Trimester: 0.5 - 4.6 3rd Trimester: 0.8 - 5.2

Thyroid Function Test Interpretation

hyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of id hormones may result. When TSH concentrations are increased, the thyroid will make and release inappropriate nts of T4 and T3 and the person may experience symptoms associated with hyperthyroidism. If there is decreased ction of thyroid hormones, the person may experience symptoms of hypothyroidism.

he following table summarizes some examples of typical test results and their potential meaning.

TSH	Total T4	Total T3	Conditions
al	Normal	Normal	None
	High	High	Hyperthyroidism
	Normal	Normal	Mild (subclinical) hypothyroidism
	Low	Low or normal	Hypothyroidism
	Normal	Normal	Mild (Subclinical) hyperthyroidism
	High or normal	High or normal	Hyperthyroidism
	Low or normal	Low or normal	pituitary (secondary) hypothyroidism
al	High	High	Thyroid hormone resistance syndrome

he above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to vestigate the cause of the excess or deficiency and thyroid disorder. As examples, the most common cause of perthyroidism is Graves disease and the most common cause of hypothyroidism is Hashimoto thyroiditis.
commended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
ysiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Free Tri-Iodothyronine (FT3)	3.29	pg/mL	2.3 - 4.2 2.0 - 3.8 : Pregnancy

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Lab Operations

Dr. Anju Kacker MD
Consultant Pathologist

y authenticated report. Report printed date : 18/10/2021 8:56
should be correlated clinically with other clinical findings and the total clinical status of the patient.
credited parameter when processing in Hyderabad, main laboratory

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LABORATORY TEST REPORT

HITA SINGH
Year(s) Gender : Female
ID :1112721 - Serum
ID :320149
ctor :G S D GROVER MD
stomer :

Lab Code :CPL-UP-050
Sample Drawn Date :2021-10-17 13:11
Registration Date :2021-10-17 13:16
Approved Date :2021-10-17 20:13

IMMUNOLOGY/SERUM

Description	Result	Units	Biological Reference Ranges
B Surface Antigen (HBsAg)	2.36	S/Co	< 1.0 : Negative > 1.0 : Positive

INTERPRETATION

RESULT IN INDEX	REMARKS
< 1.00	Non Reactive
>= 1.00	Reactive

- All Reactive results to be confirmed additionally by Specific antibody Neutralization assay. For further confirmation Molecular assays are recommended.
- Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg.
- For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection.
- For monitoring HBsAg levels, Quantitative HBsAg assay is recommended.

Comment

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or chronic liver disease.

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Technical

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Dr. Aayesha Chauhan MD MBBS
Consultant Microbiologist

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PATH LABS PVT. LTD.

LABORATORY TEST REPORT

Mrs SMITA SINGH
Age : 40 Year(s) Gender : Female
Sample ID :1112723 - EDTA Plasma
Patient ID :320149
Ref. Doctor :G S D GROVER MD
Ref. Customer :

Lab Code :CPL-UP-050
Sample Drawn Date :2021-10-17 13:11
Registration Date :2021-10-17 13:27
Approved Date :2021-10-18 15:34

MOLECULAR BIOLOGY

Test Description	Result	Units	Biological Reference Ranges
Hepatitis B Virus DNA Viral Load (Quantitative) PCR (Method: Real Time PCR)			
HBV DNA QUANT	5123	IU/mL	.
HBV DNA QUANT	29713	Copies/mL	.
HBV DNA QUANT Log 10	3.70	IU/mL	.
HBV DNA QUANT Log 10	4.47	Copies/mL	.

INTERPRETATION

RESULT in IU/mL	COMMENTS
< 2.1	HBV DNA detected, but below the lower limit of linear range of the assay. These results should be interpreted with caution
> = 2.1 to 10^7	HBV DNA detected within the linear range of the assay
>= 1x 10^7	HBV DNA detected above the linear range of the assay

Note

- This assay has a plasma HBV DNA quantification result range of 2.1 to 1.0 x 10^7 IU/mL (0.32-7.00 log IU/mL).
- Conversion factor: 1 IU/mL = 5.82 Copies/Ml
- This test is not intended for use as a screening test for the presence of HBV in blood or blood products or as a diagnostic test to confirm the presence of HBV infection.
- HBV genotyping and Drug resistance is recommended in positive cases if value is >2000 IU/mL

Comments:

Hepatitis B Virus (HBV) is a member of Hepadna virus family transmitted primarily by body fluids especially serum; sexual transmission and transmission from mother to baby. Majority of the infected individuals recover completely; about 1-2% have persistent viral replication leading to chronic hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates.

Limitation of Assay:

PCR is a highly sensitive technique, common reasons for paradoxical results are contamination during specimen collection, selection of inappropriate specimen and inherent PCR inhibitors in the sample.

Bhagat Singh
Manager Technical

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Dr. Aayesha Chauhan MD MBBS
Consultant Microbiologist

This is an electronically authenticated report. Report printed date : 19/10/2021 17:14
NOTE : Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.
NC-3900 Accredited parameter when processing in Hyderabad, main laboratory

ENDOSCOPY UNIT.
CLINICAL GASTROENTEROLOGY AND HEPATOLOGY.
KANPUR MEDICAL CENTRE PVT. LTD.

GASTROSCOPY REPORT

NAME:	SMITA SINGH
AGE:	40Y
SEX:	FEMALE
DATE:	25/10/2021
SCOPIST:	DR. GAURAV CHAWLA
INSTRUMENT:	GIF H 170
INDICATION:	VOMITING
FINDINGS:	ESOPHAGUS: Z LINE AT 34 CM & GE JUNCTION AT 34 CM, DIAPHRAGMATIC PINCH AT 36 CM. NORMAL. STOMACH: FUNDUS AND BODY: NORMAL ANTRUM: NORMAL PYLORUS:NORMAL. DUODENUM: D1: NORMAL D2: NORMAL.NBI SHOWED NORMAL VILLI.
IMPRESSION:	NORMAL MUCOSAL STUDY
BIOPSY:	NIL
PROCEDURE:	NIL
RECOMMENDATION	NIL

DR GAURAV CHAWLA
MD, DM (GASTRO-CMC VELLORE)

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ATH LABS PVT. LTD.

LABORATORY TEST REPORT

SMITA SINGH
40 Year(s) Gender : Female
ple ID :1112722 - WB EDTA
nt ID :320149
Doctor :G S D GROVER MD
Customer :

Lab Code :CPL-UP-050
Sample Drawn Date :2021-10-17 13:11
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HEMATOLOGY

Test Description	Result	Units	Biological Reference Ranges
OMPLETE BLOOD PICTURE			
moglobin (Method: ELC/Photometric)	12.1	g/dL	12.0-15.0
throcyte Count (RBC Count) (Method: Impedance)	4.11	mil/cumm	3.8-4.8
-Packed Cell Volume (Hematocrit) (Method: Calculated)	**35.9**	%	36-46
elet Count (Method: Cell Counter/ Microscopy)	3.13	lakh/Cumm	1.50-4.10
throcyte Indices (Method: Calculated/Automated Cell Counter)			
an Corpuscular Volume (MCV)	87.4	FL	83-101
an Corpuscular Hemoglobin(MCH)	29.6	pg/cumm	27-32
an Corpuscular Hemoglobin Concentration(MCHC)	33.8	g/dL	31.5-34.5
blood cell Distribution Width(RDW-CV)	**10.3**	%	11.6-14.0
al Leukocyte & Differential Count (Method: Cauther/ Microscopy)			
l Leucocyte Count(WBC)	5500	cells/Cumm	4000-10000
utrophils	52	%	40-80
phocytes	38	%	20-40
nophils	02	%	01-06
ocytes	08	%	02-10
ophils	00	%	00-01
ROSCOPIC BLOOD PICTURE			
Morphology	Normocytic Normochromic Cells		
C Morphology	Normal in Morphology		
elet Morphology	Adequate		
sites	Not found		
clusion	Normal study		
arks	Correlate clinically.		

hok
ager Technical

Dr. Anju Kacker MD
Consultant Pathologist

1112722

Page 1 of 2

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LABORATORY TEST REPORT

MITA SINGH
40 Year(s) Gender : Female
e ID :1112721 - Serum
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CLINICAL BIOCHEMISTRY

Description	Result	Units	Biological Reference Ranges
Profile			
terol - Total	156	mg/dL	<200 - Desirbble 200-239 - Borderline risk >240 - High risk
erol - HDL	42	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
rides (TGL)	74	mg/dL	< 150 : Normal 150 – 199 : Borderline-High 200 – 499 : High > 500 : Very High
- LDL	99	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
rol - VLDL	14.8	mg/dL	7-40
olesterol/HDL ratio	3.7	Ratio	0.0-5.0
DL Ratio	2.4	Ratio	0.0-3.5

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Dr. Anju Kacker MD
Consultant Pathologist

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TH LABS PVT. LTD.

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CLINICAL BIOCHEMISTRY

Description	Result	Units	Biological Reference Ranges
N PROFILE			
(Spectrophotometry)	66	µg/dL	33-193
Iron Binding Capacity (TIBC) (Spectrophotometry)	331	µg/dL	240-450
Ferrin (Spectrophotometry)	225.2	ug/dL	176 - 280
Ferrin saturation (Calculated)	19.9	%	20-50

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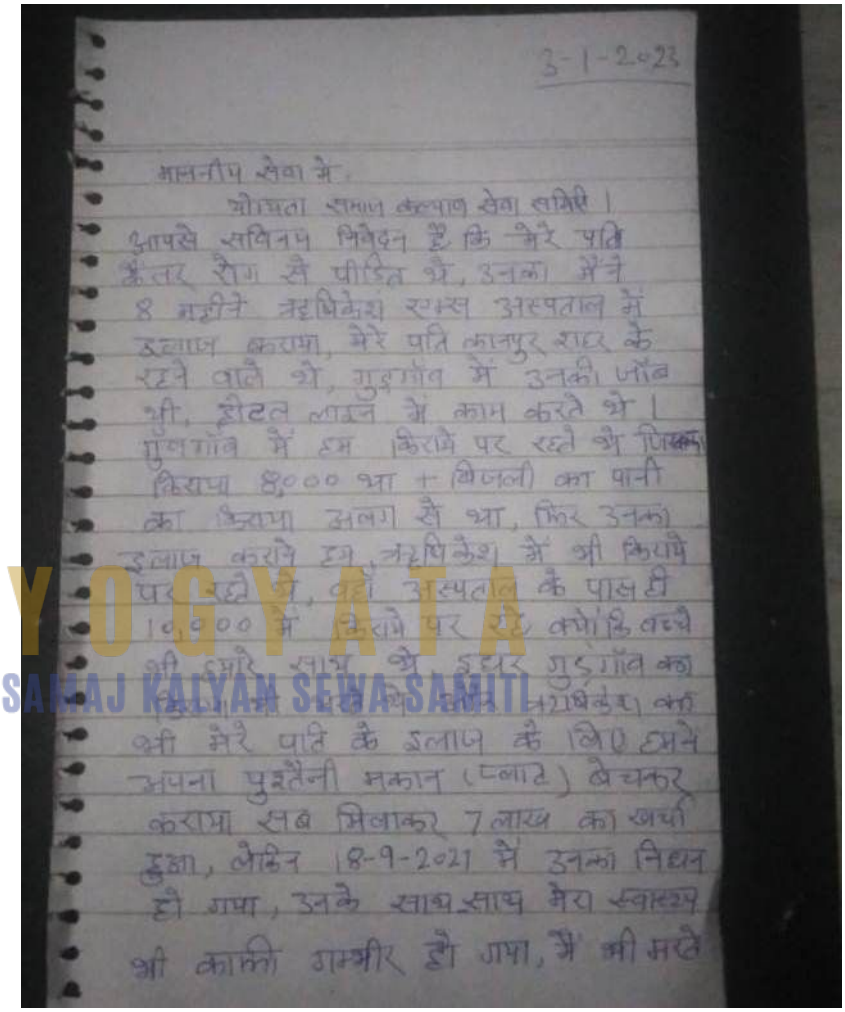
Dr. Anju Kacker MD
Consultant Pathologist

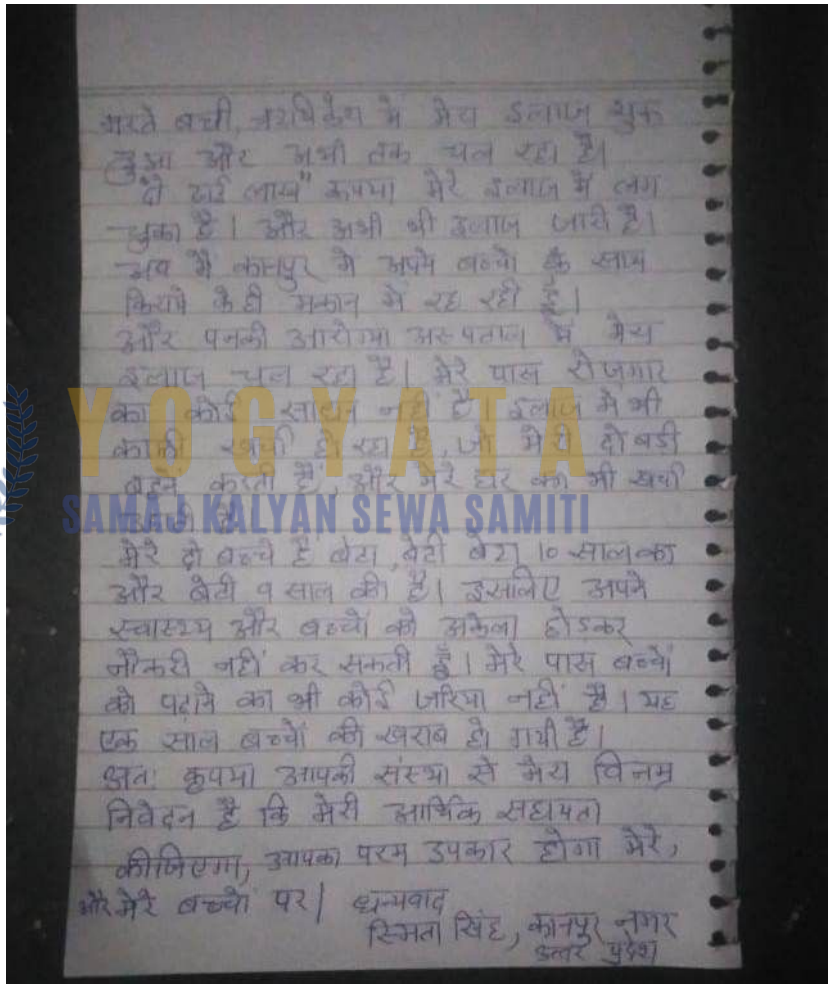


3-1-2023

माननीय सेवा में,

योग्यता समाज कल्याण सेवा समिति।

आपसे सविनय निवेदन है कि मेरे पति कैंसर रोग से पीड़ित थे, उनका मैंने 8 महीने ऋषिकेश एम्स अस्पताल में इलाज कराया, मेरे पति कानपुर शहर के रहने वाले थे, गुड़गाँव में उनकी जॉब भी, होटल लाइन में काम करते थे। गुड़गाँव में हम किराये पर रहते थे जिसका किराया 8,000 था + बिजली का पानी का किराया अलग से था, फिर उनका इलाज कराने हम ऋषिकेश में भी किराये पर रहते थे, वहाँ अस्पताल के पास ही 10,000 में किराये पर ले क्योंकि बच्चे भी हमारे साथ थे इधर गुड़गाँव का [illegible] ऋषिकेश का भी मेरे पति के इलाज के लिए हमने अपना पुश्तैनी मकान (प्लाट) बेचकर कराया सब मिलाकर 7 लाख का खर्चा हुआ, लेकिन 18-9-2021 में उनका निधन हो गया, उनके साथ-साथ मेरा स्वास्थ्य भी काफी गम्भीर हो गया, मैं भी मरते



मरते बच्ची, अस्पताल में मेरा इलाज चुक
हुआ और अभी तक चल रहा है।
दो लाख रुपया मेरे इलाज में लग
चुका है। और अभी भी इलाज जारी है।
अब मैं कानपुर में अपने बच्चों के साथ
किराये के ही मकान में रह रही हूँ।
और पति की आरोग्य अस्पताल में मेरा
इलाज चल रहा है। मेरे पास रोजगार
का कोई साधन नहीं है। इलाज में भी
काफी खर्ची हो रहा है, जो मेरी दो बड़ी
बहन करती है, और मेरे घर का भी खर्ची
मेरे दो बच्चे हैं बेटा, बेटी बेटा 10 साल का
और बेटी 9 साल की है। इसलिए अपने
स्वास्थ्य और बच्चों को अकेला छोड़कर
नौकरी नहीं कर सकती हूँ। मेरे पास बच्चों
को पढ़ाने का भी कोई जरिया नहीं है। यह
एक साल बच्चों की खराब हो गयी है।
अतः कृपया आपकी संस्था से मेरा विनम्र
निवेदन है कि मेरी आर्थिक सहायता
कीजिएगा, आपका परम उपकार होगा मेरे,
और मेरे बच्चों पर। धन्यवाद
स्मिता खिंद, कानपुर नगर
उत्तर प्रदेश