





CASE SUMMARY

NAME- I/O MANISHA PAI

D.O.B- 08/08/2026

T.O.B- 10:24 PM

MODERATE PRETERM/32WKS/SGA(1.16KG, 1.77TH CENTILE)/BIRTH ASPHYXIA/IDM/MILD PERIVENTRICULAR FLARE/SMALL PDA.

Maternal History : G2P1L1 , O Positive Mother ,
Age : 38 Years.

BIRTH HISTORY : baby delivered through emergency lscs in view of Fetal distress with history of severe IUGR/IDM , baby did not cried immediately after birth and intubated with apgar reads 1 and 6 at 1 and 5 minutes of life , in view of poor efforts baby intubated and shifted to nicu for further management

NICU CARE : baby kept on ventilator with settings of PC AC Mode with PIP 17, fIO_2 25, PEEP 6 , Initial Blood gas showed acidosis (PH 7.09, pco_2 51 , Lactates 13.0, 18.8)with increased lactates for which baby started on iv fluids and a fluid bolus of NS 10ML/KG given over one hour , and ventilation continued and monitoring done with serial blood gases showed improvement with decreased Lactates , and Blood pressure monitoring done and reads above more than 50th centile throughout the monitoring , not required any inotropic medication , Gradual Blood gases improved , signs of circulation improved and baby extubated onto NIV on Day of life day of life 2 , and kept on NIV Which baby tolerated and gradually tapered to room air by Day of life 3(10/8/26)
IV antibiotics started and stopped on day of life 3 as cultures showed no growth
Nutrition: baby started on Expressed Breastmilk 20ml/kg/day on Day 2 of life , baby tolerated well and feeds gradually built to full feeds by day of life 5, and Iv fluids discontinued

Birth Asphyxia : USG Cranium Done on day of life 1 and Day of life 9 showed mild periventricular flare

ROP : Planned on after 4wks.

Current Condition :

Stable on room air

accepting and tolerating 17ml 2 hourly feeds with $\frac{1}{2}$ HMF with every Feed.

Birth Weight : 1.16kg

L. J. Dair
PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025



HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : 011-35034000, 44020000
Email : pathology@holyfamilyhospitaldelhi.org Web : www.hfhdelhi.org



Patient Name : B/O, MANISHA PAL
MR No / IP No : 2487534 /26020006
Age/Sex : 1 Days / Female
Ref. Doctor : Dr.SONA CHOWDHARY
Ward Details : NUR206 / 206 / 012

Bill No. : 262233031
Collected On : 09/08/2026 12.02 AM
Reported On : 09/08/2026 1.04 AM
Approved On : 09/08/2026 8.31 AM

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
LAB-CHEMISTRY2					
09/08/2026	1530930	CRP			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	0.02	mg/dL	0 - 0.5
09/08/2026	1531432	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	140	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.59	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	107.4 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	17.3 *	mEq/L	23 - 29
09/08/2026	1531432	KFT (KIDNEY FUNCTION TEST)			
		SERUM UREA (UREASE(GLDH))	35	mg/dL	13 - 43
		SERUM CREATININE (MODIFIED JAFFE REACTION)	1.30 *	mg/dL	0.51 - 0.95
		SERUM URIC ACID (URICASE)	8.56 *	mg/dL	2.6 - 6.0
Interpretation : Clinical interpretation: The analytes measured in the KFT panel are useful for screening and diagnosing impaired kidney function and for assessing the severity and monitoring the course and management of acute kidney injury (AKI) and chronic kidney disease (CKD). These tests helps in differentiating prerenal disease (renal artery stenosis, renal vein thrombosis), true renal disease and post renal disease (obstructive uropathy, prostatic disease, urinary tract infection etc.).					
12/08/2026	1534143	CALCIUM			
		SERUM CALCIUM (ARSENazo-III)	9.97	mg/dL	8.6 - 10.2
12/08/2026	1534143	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	143	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	5.83 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	109.4 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	23.8	mEq/L	23 - 29



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Patient Name	: B/O, MANISHA PAL	Bill No.	: 262236693
MR No / IP No	: 2487534 /26020006	Collected On	: 12/08/2026 11.43 AM
Age/Sex	: 5 Days / Female	Reported On	: 12/08/2026 1.04 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 12/08/2026 1.26 PM
Ward Details	: NUR206 / 206 / 012		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
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12/08/2026	1534143	KFT (KIDNEY FUNCTION TEST)			
		SERUM UREA	8 *	mg/dL	13 - 43
		(UREASE(GLDH))		mg/dL	0.51 - 0.95
		SERUM CREATININE	0.64		
		(MODIFIED JAFFE REACTION)			
		SERUM URIC ACID	2.16 *	mg/dL	2.6 - 6.0
		(URICASE)			

Interpretation : Clinical interpretation:
The analytes measured in the KFT panel are useful for screening and diagnosing impaired kidney function and for assessing the severity and monitoring the course and management of acute kidney injury (AKI) and chronic kidney disease (CKD).
These tests helps in differentiating prerenal disease (renal artery stenosis, renal vein thrombosis), true renal disease and post renal disease (obstructive uropathy, prostatic disease, urinary tract infection etc.).

12/08/2026	1534154	BILIRUBIN (TOTAL, DIRECT,INDIRECT), SERUM			
		BILIRUBIN TOTAL (DPD)	8.74 *	mg/dL	0.3 - 1.2
		BILIRUBIN DIRECT (DPD)	0.78 *	mg/dL	0 - 0.2
		BILIRUBIN INDIRECT (CALCULATED)	7.96 *	mg/dL	0.2 - 1.0

LAB-HEMATOLOGY

09/08/2026	1530930	CBC (COMPLETE BLOOD COUNT)			
		HEMOGLOBIN	16.5	g/dl	12.8 - 19.2
		(PHOTOMETRIC)			
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	18.8 (CORRECTED TLC - 10.7)	10/ μ L	9.0 - 21.0
		NEUTROPHIL (VCS/MICROSCOPY)	40.5	%	32 - 62
		LYMPHOCYTES. (VCS/MICROSCOPY)	54.8 *	%	19 - 29
		MONOCYTES (VCS/MICROSCOPY)	2.1 *	%	6 - 18
		EOSINOPHILS. (VCS/MICROSCOPY)	2.2 *	%	0 - 2
		BASOPHILS (VCS/MICROSCOPY)	0.4	%	0 - 1
		ABSOLUTE NEUTROPHIL COUNT	4.3	10/ μ L	3 - 13
		ABSOLUTE LYMPHOCYTE COUNT	5.8	10/ μ L	2 - 10
		ABSOLUTE MONOCYTE COUNT	0.2 *	10/ μ L	0.5 - 3.78
		ABSOLUTE EOSINOPHIL COUNT	0.2	10/ μ L	0 - 0.4
		ABSOLUTE BASOPHIL COUNT	0.0	10/ μ L	0 - 0.3

19/08/26

To,

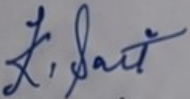
Ek Kadam NGO,

Subject: - Request for Financial assistance.

This is to certify that **B/O Manisha Pal** is admitted under Dr. Sona Chowdhary on ventilator with setting of PC mode with PIP 17, Intital blood gas showed acidosis, Lactates with increased lactates for which many started on IV fluids and a fluid.

The child's family have financial crisis due to which they cannot afford the cost of the treatment. The condition of the child is grave and needs continues medical support at present. Therefore it would be kind of you, if you can help this child in these stressful times.

Thanking you



Yours sincerely

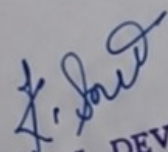
Kiran Verma

Senior Counsellor

Personal Development Department

Holy Family Hospital,

New Delhi - 110025



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