HOLY FAMILY HOSPITAL
Okhla Road, New Delhi-110025
Phone : 011-35034000, 44020000
Email : administration@hfhdelhi.org, Web : www.hfhdelhi.org

CASE SUMMARY

CASE SUMMARY

NAME- B/O NISHA
IP NO-26016490/ 2478025
AGE- 9 DAYS / MALE

Outborn Full term/ AGA / cried after tactile stimulation born on 29/6/26 at 9:15 pm was referred to HFH with a working diagnosis of respiratory distress at birth/ early onset neonatal sepsis. At presentation, baby was in severe respiratory distress with impending respiratory failure (rr-98/min, spo2-90% on 2 litre O2) in view of which baby was put on mechanical ventilator support. Initial investigations reported Hb-17.2, TLC-25.2, PLT-211, CRP-12.05, S.urea-140, S.creatinine-2.89. Inj piptaz (in renal adjusted dose)was started . Lumbar punctue done to rule out meningitis. As respiratory distress settled, baby was extubated to NIV at DOH-2. Feeds were initiated which the baby tolerated well, hence gradually built up. Urine output monitoring was done. S. urea, S.creatinine monitoring done, reported improving trend.
In view of persistent respiratory distress at DOH-7, IV antibiotics were upgraded to INJ MEROPENEM, INJ VANCOMYCIN.
USG CRANIUM- Normal

Diagnosis- Full term/ AGA/ Early onset neonatal sepsis (meningitis ruled out)/ Pre-renal AKI (resolving trend)

Dr Yogesh Parashar
Senior consultant
Holy family hospital

Dr Yogesh
JR2
08/07/2026

Patient Name	: B/O. NISHA	Bill No.	: 262198547
MR No / IP No	: 2478025 /26016490	Collected On	08/07/2026 12.21 PM
Age/Sex	: 10 Days / Male	Reported On	: 08/07/2026 1.57 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	: 08/07/2026 2.16 PM
Ward Details	: 305PED / 305 / 003		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		COUNT			
		ABSOLUTE EOSINOPHIL COUNT	0.4	$10^3/\mu L$	0 - 0.4
		ABSOLUTE BASOPHIL COUNT	0.1	$10^3/\mu L$	0 - 0.3
		POLYCHROMASIA	MILD		
		..	PREDOMINANTLY NORMOCYTIC NORMOCHROMIC		
		RBC COUNT (ELECTRICAL IMPEDANCE)	3.37	10^6/µL	3.30 - 5.30
		PCV / HCT (CALCULATED)	33.4	%	32.8 - 50.5
		MCV (DERIVED)	99.1	fl	91.8 - 103.5
		MCH (CALCULATED)	32.2	pg	31.7 - 36.2
		MCHC (CALCULATED)	32.5 *	g/dl	33.4 - 35.8
		RDW (DERIVED/CALCULATED)	18.1 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	200	$10^3/\mu L$	200 - 500
		REMARKS	PLATELETS ARE ADEQUATE IN NUMBER AS SEEN ON SMEAR.		
		SAMPLE TYPE	EDTA, Whole Blood		
		LAB-MIC-BLOOD CULTURE			
02/07/2026	1499415	**CULTURE- BLOOD -RAPID**			
		ORGANISM CULTURED	NO GROWTH IN 48 HRS.		
		Method : Conventional / Automated			

Interpretation : 1. Clean hands are guardians of health, remember to wash your hands!

		LAB-URINALYSIS			
02/07/2026	1499507	**URINE ROUTINE EXAMINATION**			
		COLOUR	PALE STRAW		
		APPEARANCE	SLIGHT CLOUDY		
		SPECIFIC GRAVITY (PKA CHANGE OF POLY ELECTROLYTES)	1.015		1.005 - 1.030
		PH (DOUBLE INDICATOR)	6.0		5.0 - 8.5
		PROTEIN (TETRABROMO PHENOL BLUE/ SSA)	POSITIVE(1+)		
		GLUCOSE (DOUBLE SEQUENTIAL ENZYME REACTION/ BENEDICTS)	NEGATIVE		

Patient Name	: B/O. NISHA	Bill No.	: 262193459
MR No / IP No	: 2478025 /26016490	Collected On	: 03/07/2026 2.21 PM
Age/Sex	: 5 Days / Male	Reported On	: 03/07/2026 3.53 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	: 03/07/2026 3.59 PM
Ward Details	: 305PED / 305 / 003		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		(ISE INDIRECT)			
		POTASSIUM , SERUM (ISE INDIRECT)	4.63	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	107.9 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	17.2 *	mEq/L	23 - 29
04/07/2026	1500710	**CRP**			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	3.41 *	mg/dL	0 - 0.5
04/07/2026	1500710	**UREA**			
		SERUM UREA (UREASE(GLDH))	92 *	mg/dL	13 - 43

Interpretation : Clinical interpretation:
Common clinical use of urea measurement include assessing kidney function,detection of hydration status(dehydration/fluid overload),determination of overall nitrogen balance, aid in the diagnosis of kidney disease,to verify effectiveness of dialysis treatment and monitoring of liver disease.
Increased urea levels are indicator of decreased renal blood flow, acute or chronic intrinsic renal disease or post renal obstruction to urine flow. Decreased urea levels are observed in hemodilution, low dietary protein intake or end stage liver disease.

04/07/2026	1500710	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	1.07	mg/dL	0.67 - 1.17

Interpretation : Clinical interpretation:
Creatinine is a waste product produced at a fairly constant rate within an individual by the breakdown of creatine within muscle tissue. It is predominantly excreted by the kidneys therefore, serum creatinine concentration is inversely proportional to creatinine clearance and used as a marker of glomerular filtration rate(GFR).Elevated serum creatinine concentration and decreased GFR indicates renal damage.
Common clinical use of serum creatinine measurement are to assess kidney function, to monitor kidney disease progression, to evaluate the effectiveness of kidney disease treatments and to monitor the side effects of medication.

06/07/2026	1502192	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	143	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.76	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	113.6 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	21.6 *	mEq/L	23 - 29

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atient Name	: B/O. NISHA	Bill No.	: 262192512
MR No / IP No	: 2478025 /26016490	Collected On	: 02/07/2026 6.02 PM
Age/Sex	: 4 Days / Male	Reported On	: 02/07/2026 7.02 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	: 03/07/2026 9.09 AM
Ward Details	: 305PED / 305 / 003		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		A/G RATIO (CALCULATED)	1.3 *		1.5 - 2.5
		SGPT (ALT) (UV-KINETIC, IFCC WITHOUT P5P)	72 *	IU/L	1 - 45
		SGOT (AST) (UV-KINETIC, IFCC WITHOUT P5P)	41 *	IU/L	1 - 35
		ALKALINE PHOSPHATASE (PNPP AMP IFCC)	104	IU/L	77 - 265
02/07/2026	1499415	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	140	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	6.63 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	102.8	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	18.8 *	mEq/L	23 - 29
02/07/2026	1499417	**CALCIUM**			
		SERUM CALCIUM (ARSENAZO-III)	7.48 *	mg/dL	8.6 - 10.2
03/07/2026	1500116	**UREA**			
		SERUM UREA (UREASE(GLDH))	120 *	mg/dL	13 - 43

Interpretation : Clinical interpretation:
Common clinical use of urea measurement include assessing kidney function,detection of hydration status(dehydration/fluid overload),determination of overall nitrogen balance, aid in the diagnosis of kidney disease,to verify effectiveness of dialysis treatment and monitoring of liver disease.
Increased urea levels are indicator of decreased renal blood flow, acute or chronic intrinsic renal disease or post renal obstruction to urine flow. Decreased urea levels are observed in hemodilution, low dietary protein intake or end stage liver disease.

03/07/2026	1500116	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	1.80 *	mg/dL	0.67 - 1.17

Interpretation : Clinical interpretation:
Creatinine is a waste product produced at a fairly constant rate within an individual by the breakdown of creatine within muscle tissue. It is predominantly excreted by the kidneys therefore, serum creatinine concentration is inversely proportional to creatinine clearance and used as a marker of glomerular filtration rate(GFR).Elevated serum creatinine concentration and decreased GFR indicates renal damage.
Common clinical use of serum creatinine measurement are to assess kidney function, to monitor kidney disease progression, to evaluate the effectiveness of kidney disease treatments and to monitor the side effects of medication.

03/07/2026	1500117	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA	141	mEq/L	136 - 145

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Patient Name	: B/O. NISHA	**Bill No.**	: 262192668
MR No / IP No	: 2478025 /26016490	**Collected On**	02/07/2026 8.55 PM
Age/Sex	: 4 Days / Male	**Reported On**	: 02/07/2026 11.19 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	**Approved On**	: 03/07/2026 1.44 PM
Ward Details	: 305PED / 305 / 003		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB-BACTERIOLGOY MISC			
02/07/2026	1499508	**GRAM STAIN**			
		SPECIMEN	CSF		
		FINDINGS:	No pus cells seen. No microorganisms seen.		
		Method : Gram Stain and Microscopy			
		LAB-CHEMISTRY2			
02/07/2026	1499415	**CRP**			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	12.05 *	mg/dL	0 - 0.5
02/07/2026	1499415	**UREA**			
		SERUM UREA (UREASE(GLDH))	140 *	mg/dL	13 - 43

Interpretation : Clinical interpretation:
Common clinical use of urea measurement include assessing kidney function,detection of hydration status(dehydration/fluid overload),determination of overall nitrogen balance, aid in the diagnosis of kidney disease,to verify effectiveness of dialysis treatment and monitoring of liver disease.
Increased urea levels are indicator of decreased renal blood flow, acute or chronic intrinsic renal disease or post renal obstruction to urine flow. Decreased urea levels are observed in hemodilution, low dietary protein intake or end stage liver disease.

02/07/2026	1499415	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	2.89 *	mg/dL	0.67 - 1.17

Interpretation : Clinical interpretation:
Creatinine is a waste product produced at a fairly constant rate within an individual by the breakdown of creatine within muscle tissue. It is predominantly excreted by the kidneys therefore, serum creatinine concentration is inversely proportional to creatinine clearance and used as a marker of glomerular filtration rate(GFR).Elevated serum creatinine concentration and decreased GFR indicates renal damage.
Common clinical use of serum creatinine measurement are to assess kidney function, to monitor kidney disease progression, to evaluate the effectiveness of kidney disease treatments and to monitor the side effects of medication.

02/07/2026	1499415	**LIVER FUNCTION TEST (LFT), SERUM**			
		BILIRUBIN TOTAL (DPD)	1.74 *	mg/dL	0.3 - 1.2
		BILIRUBIN DIRECT (DPD)	0.63 *	mg/dL	0 - 0.2
		BILIRUBIN INDIRECT (CALCULATED)	1.11 *	mg/dL	0.2 - 1.0
		TOTAL PROTEIN (BIURET)	6.3 *	g/dL	6.4 - 8.3
		ALBUMIN (BROMOCRESOL GREEN)	3.5	g/dL	3.5 - 5.2
		GLOBULIN (CALCULATED)	2.8	g/dL	1.5 - 3.0

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Patient Name	: B/O. NISHA	Bill No.	: 262196331
MR No / IP No	: 2478025 /26016490	Collected On	: 06/07/2026 1.30 PM
Age/Sex	: 8 Days / Male	Reported On	: 06/07/2026 2.39 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	: 06/07/2026 3.29 PM
Ward Details	: 305PED / 305 / 003		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
06/07/2026	1502192	**UREA**			
		SERUM UREA (UREASE(GLDH))	21	mg/dL	13 - 43

Interpretation : Clinical interpretation:
Common clinical use of urea measurement include assessing kidney function,detection of hydration status(dehydration/fluid overload),determination of overall nitrogen balance, aid in the diagnosis of kidney disease,to verify effectiveness of dialysis treatment and monitoring of liver disease.
Increased urea levels are indicator of decreased renal blood flow, acute or chronic intrinsic renal disease or post renal obstruction to urine flow. Decreased urea levels are observed in hemodilution, low dietary protein intake or end stage liver disease.

06/07/2026	1502192	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	0.54 *	mg/dL	0.67 - 1.17

Interpretation : Clinical interpretation:
Creatinine is a waste product produced at a fairly constant rate within an individual by the breakdown of creatine within muscle tissue. It is predominantly excreted by the kidneys therefore, serum creatinine concentration is inversely proportional to creatinine clearance and used as a marker of glomerular filtration rate(GFR).Elevated serum creatinine concentration and decreased GFR indicates renal damage.
Common clinical use of serum creatinine measurement are to assess kidney function, to monitor kidney disease progression, to evaluate the effectiveness of kidney disease treatments and to monitor the side effects of medication.

06/07/2026	1502192	**SERUM ALBUMIN**			
		ALBUMIN (BROMOCRESOL GREEN)	2.7 *	g/dL	3.5 - 5.2
08/07/2026	1503859	**CRP**			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	1.48 *	mg/dL	0 - 0.5
		LAB-HEMATOLOGY			
02/07/2026	1499415	**CBC (COMPLETE BLOOD COUNT)**			
		HEMOGLOBIN (PHOTOMETRIC)	17.2	g/dl	13.3 - 19.3
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	25.3 *	10/µL	5.0 - 21.0
		NEUTROPHIL (VCS/MICROSCOPY)	56.3 *	%	19 - 49
		LYMPHOCYTES. (VCS/MICROSCOPY)	27.8	%	26 - 36
		MONOCYTES (VCS/MICROSCOPY)	7.4	%	7 - 18
		EOSINOPHILS. (VCS/MICROSCOPY)	0.9	%	0 - 2

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Patient Name	: B/O. NISHA		**Bill No.**	: 262192668	
MR No / IP No	: 2478025	/26016490	**Collected On**	02/07/2026	8.55 PM
Age/Sex	: 4 Days / Male		**Reported On**	: 05/07/2026	8.24 AM
Ref. Doctor	: Dr.YOGESH PARASHAR		**Approved On**	: 05/07/2026	2.16 PM
Ward Details	: 305PED / 305 / 003				

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB-MIC-BLOOD CULTURE			
02/07/2026	1499508	**CULTURE OTHERS RAPID**			
		ORGANISM CULTURED	NO GROWTH IN 48 HRS.		
		COMMENT	Specimen- CSF		
		Method : Conventional / Automated			
		Interpretation : 1. Clean hands are guardians of health, remember to wash your hands! 2. Culture will be incubated for a total of 7 days.			
		LAB-MISCELLANEOUS LAB INVESTIGATION			
02/07/2026	1499508	**CSF- (SPINAL FLUID) - ROUTINE**			
		AMOUNT	2.5	ml	
		COLOUR	COLOURLESS		
		APPEARANCE	CLEAR		
		WBC	03	Cells/cumm	
		DIFFERENTIAL	NOT POSSIBLE		
		SUGAR (HEXOKINASE)	69	mg/dl	60 - 80
		TOTAL PROTEIN (PYR.RED)	76.89	mg/dl	15 - 130

KIRTI PANWAR
CONSULTANT PATHOLOGIST

ADITI
CONSULTANT MICROBIOLOGIST

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HOLY FAMILY HOSPITAL

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Phone : 011-44020000, 011-35034000
E-mail : administration@hfhdelhi.org
website : www.hfhdelhi.org

9th July 2026

To,

EK KADAM NGO

Sub: Request for financial assistance

This is to certify that B/O Nisha (IPD No. 26016490) Out born full term/ AGA/ Cried after tactile stimulation. On 29/6/26 at 9:15 pm was referred to HFH with a working diagnosis of respiratory distress at birth/early onset neonatal sepsis. At presentation, baby was in severe respiratory distress with impending respiratory failure (rr-98/min, spo2-90% on 2 litre O2) in view of which baby was put on mechanical ventilator support.

The children's family have financial crisis due to which they cannot afford the cost of treatment. The condition of the children is grave and needs continuous medical support at present. Therefore it would be kind of you, if you can help these children in this stressful time and it will be a great help and relief for the parents.

Thanking you

Yours sincerely

Sr. Elsy Thomas
Personal Development Department
Holy Family Hospital
New Delhi- 110 025

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025