





HOLY FAMILY HOSPITAL

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



CASE SUMMARY

MR NO / IP NO :	2461954 / 26010462	27/04/2026 06:47 AM
Name :	Miss. MAHDIN FATIMA KHAN	
Relative Name :	D/O.MOHD. ASIF KHAN	
Age / Sex :	9 Y 6 M 21 D / F	Mobile: 9891761148
Bed No :	304 / 006 at IPCU - SB	Cash / Hospital
Admitting Dr. :	Dr.SONA CHOWDHARY	
Co Consultant :	Dr.VIBIN KUMAR VASUDEVAN	

NAME: MISS MAHDIN FATIMA KHAN
9Y 6M / FEMALE

04/05/2026

DIAGNOSIS- MRSA SEPSIS

CULTURE POSITIVE MRSA MENINGITIS
LEFT LUNG COLLAPSE WITH LEFT PNEUMOTHORAX (POST ICD D0)
? VEGETATION IN ATL
SEVERE ANEMIA (PRBC TRANSFUSED)

9 year old female child was brought to HFH, with complaints of fever for 3 days (10 days back), headache, and vomiting since 3 days, neck and leg pain since 2 days, with inability to sit up and lethargic since 1 day.

On admission child had palor, coated white fissured tongue. Was conscious, cooperative GCS-15/15, B/L pupils RTL, however tone in bilateral lower limbs was increased, with hyper-reflexic bilateral knee and ankle jerk, b/l babinski downgoing. Cranial nerve - right 6th cranial nerve involvement, right lateral rectus palsy, and horizontal gaze nystagmus +

In view of suspected bacterial meningitis, was started on Inj Vacomycin, Inj Meropenem, Inj Doxycycline and Inj Dexamethasone was added to treatment. Child had history of TB contact (5 family members diagnosed with TB in last 5 years). In clinical suspicion of TBM, GA for AFB and genexpert was sent- 2 samples- both negative for MTB. Rased ICP measures taken (head end elevation, manitol stat dose, 3% NS infusion). Child was intubated on DOH 1 in view of rapidly deteriorating GCS.

MRSA sepsis with Culture positive meningitis.

CT head done showed no evidence of any meningeal enhancement, focal enhancing lesion in the brain parenchyma, hydrocephalus or midline shift.

CSF analysis -suggestive of ? partially treated bacterial meningitis.

Blood culture, ET CS and CSF cultures showed growth of MRSA.

IV Doxycycline was discontinued after culture report.

CXR done showed parenchymal opacities in the left upper lobe which progressed to involve bilateral lungs.

MRI brain done showed Apparent subtle mild supra & infratentorial meningoencephalitis-encephalopathy with associated punctate acute infarctive focus (likely vasculitic) in right posterior occipital region.

Routine labs showed severe anemia (HB 6.5) 1 unit PRBC transfused. In view of improving GCS child was extubated on DOH 3 and put on O2 by NP at 3 Lmin. Over the day the respiratory distress of the child worsened and was put on NIV support. CXR showed bilateral bronchopneumonia with left upper lobe consolidation with cavitation.



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11.0514.4200
Part No. 2023 to June 23, 2027
Valid from 23.05.2014

DISCHARGE SUMMARY



Slr 2023

Patient Name : Miss. MAHDIN FATIMA KHAN
MR No / IP No : 2461954 26010462
Age/Sex : 9 Years 6 Months 28 Days / Female
Ref. Doctor : Dr.SONA CHOWDHARY
Patient Type : IP
Bed No : IPCU / 304 / 006

Sample No. : 1452970
Collected On : 04/05/2026 2:59 PM
Reported On : 04/05/2026 3:33 PM
Approved On : 04/05/2026 3:52 PM
Bill No : 262131828
Specimen : BLOOD

Test Name	Result	Units	Bio.Ref.Interval
CBC (COMPLETE BLOOD COUNT)			
Hemoglobin(Photometric)	8.6 *		
Total Leucocyte Count(Electrical Impedance)	22.7 *	g/dl 10 ³ /μL	10.6 - 14.7 4.5 - 13.0
DLC			
Neutrophil(VCS/Microscopy)	90.7 *	%	33 - 61
Lymphocytes.(VCS/Microscopy)	4.6 *	%	28 - 48
Monocytes(VCS/Microscopy)	0.6 *	%	4 - 10
Eosinophils.(VCS/Microscopy)	3.8 *	%	0 - 3
Basophils(VCS/Microscopy)	0.3	%	0 - 1
Absolute Leucocyte Count (Microscopy/ Calculated)			
Absolute Neutrophil Count	20.6 *	10 ³ /μL	1.5 - 9.5
Absolute Lymphocyte Count	1.0 *	10 ³ /μL	1.3 - 6.5
Absolute Monocyte Count	0.1 *	10 ³ /μL	0.18 - 1.3
Absolute Eosinophil Count	0.9 *	10 ³ /μL	0 - 0.39
Absolute Basophil Count	0.1	10 ³ /μL	0 - 0.2
RBC Morphology (Microscopy)			
Anisocytes	MODERATE		
Microcytes	FEW		
Polychromasia	MILD		
..	OCCASIONAL TARGET CELLS SEEN.		
RBC			
RBC Count(Electrical Impedance)	3.47	10 ⁶ /μL	3.41 - 5.40
PCV / HCT(Calculated)	26.4 *	%	28.4 - 44.4
RBC Indices			
MCV(Derived)	76.0	fl	70.9 - 92.7
MCH(Calculated)	24.9	pg	21.6 - 31.1
MCHC(Calculated)	32.7	g/dl	30.2 - 35.2
RDW(Derived/Calculated)	25.4 *	%	11.6 - 14.0
PLATELET COUNT			
Platelet Count(Electrical Impedance)	170	10 ³ /μL	170 - 450
REMARKS	PLATELETS ARE ADEQUATE IN NUMBER AS SEEN ON SMEAR.		

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Printed On : 04/05/2026 4:39 PM

Page 1 of 2



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IN-2014-0258
Feb 05, 2022 to Jun 30, 2027
Valid till Jun 30, 2024

Patient Name	: Miss. MAHDIN FATIMA KHAN	Bill No.	: 262131258
Age / IP No	: 2461954 /26010462	Collected On	: 04/05/2026 6.49 AM
Age/Sex	: 9 Years 6 Months 27 Days / Female	Reported On	: 04/05/2026 12.11 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 04/05/2026 1.17 PM
Ward Details	: IPCU / 304 / 006		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
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04/05/2026	1452497	GRAM STAIN			
		SPECIMEN	ET SECRETION		
		FINDINGS:	Polymorphs : >25/LPF Squamous epithelial cells : 0-1/LPF Occasional gram positive cocci in chains and budding yeast cells seen.		
		Method :	Gram Stain and Microscopy		

29/04/2026	1449031	LAB-BLOOD BANK TEST			
		BLOOD GROUP, ABO AND RH TYPING			
		ABO GROUP	A		
		RH FACTOR	POSITIVE		
		SAMPLE TYPE	Whole Blood		
		Method :	Sample type: Whole Blood		

29/04/2026	1448908	LAB-CHEMISTRY1			
		APTT			
		CONTROL PLASMA	30.3	SECONDS	
		APTT, CITRATE PLASMA (TURBIDIMETRIC)	26.7	SECONDS	24.7 - 35.9

Interpretation : APTT is a measure of coagulation factor in intrinsic pathway (F XII, F XI, high molecular weight kininogen, prekallikrein, F IX and F VIII) and common pathway (F X, F V, prothrombin and fibrinogen).

Causes of prolonged APTT

1. Hemophilia A (F VIII) or Hemophilia B (F IX)
2. Deficiencies of coagulation factors in intrinsic and common pathway.
3. Presence of coagulation inhibitors
4. Heparin Therapy.
5. Disseminated intravascular coagulation.
6. Liver Disease.

29/04/2026	1448908	PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)			
		MEAN NORMAL	11.7	SECONDS	
		PROTHROMBIN TIME			
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	12.9	SECONDS	9.8 - 13.6
		I N R (CALCULATED)	1.10		0.84 - 1.16

Interpretation : PT assess coagulation factors in extrinsic pathway (F VII) and common pathway (F X, FV, prothrombin and fibrinogen).

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate





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18C-2929

Patient Name	: Miss. MAHDIN FATIMA KHAN	Bill No.	: 262124839
MR No / IP No	: 2461954 /26010462	Collected On	: 28/04/2026 5.44 AM
Age/Sex	: 9 Years 6 Months 22 Days / Female	Reported On	: 28/04/2026 6.47 AM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 28/04/2026 9.46 AM
Ward Details	: IPCU / 304 / 006		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		INDIRECT)			
28/04/2026	1448057	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD) ELECTROLYTES	21.4 *	mEq/L	23 - 29
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	143	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.95	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	115.4 *	mEq/L	98 - 107
29/04/2026	1448273	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD) ELECTROLYTES	24.1	mEq/L	23 - 29
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	146 *	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.58	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	114.8 *	mEq/L	98 - 107
29/04/2026	1448908	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD) ELECTROLYTES	23.7	mEq/L	23 - 29
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	143	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.72	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	112.2 *	mEq/L	98 - 107
30/04/2026	1449491	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD) CRP	20.2 *	mEq/L	23 - 29
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	27.55 *	mg/dL	0 - 0.5
30/04/2026	1449491	SERUM ALBUMIN			
		ALBUMIN (BROMOCRESOL GREEN)	2.5 *	g/dL	3.5 - 5.2
30/04/2026	1449491	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	136	mEq/L	136 - 145



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Patient Name	: Miss. MAHDIN FATIMA KHAN	Bill No.	: 262127420
MR No / IP No	: 2461954 /26010462	Collected On	: 30/04/2026 11.17 AM
Age/Sex	: 9 Years 6 Months 24 Days / Female	Reported On	: 30/04/2026 1.56 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 30/04/2026 2.04 PM
Ward Details	: IPCU / 304 / 006		

Receipt Dt	Sample No	Test Name	Result	Units	Bio.Ref.
05/2026	1450209	POTASSIUM , SERUM (ISE INDIRECT)	3.30 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	100.5	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	25.6	mEq/L	23 - 29
		ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	133 *	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.78	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	98.9	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	29.1 *	mEq/L	23 - 29
		ELECTROLYTES			
		05/2026	1450781	SODIUM , SERUM/PLASMA (ISE INDIRECT)	131 *
POTASSIUM , SERUM (ISE INDIRECT)	4.43			mEq/L	3.5 - 5.1
CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	98.7			mEq/L	98 - 107
BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	22.8 *			mEq/L	23 - 29
ELECTROLYTES					
SODIUM , SERUM/PLASMA (ISE INDIRECT)	138			mEq/L	136 - 145
POTASSIUM , SERUM (ISE INDIRECT)	2.36 *			mEq/L	3.5 - 5.1
CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	104.7			mEq/L	98 - 107
BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	24.1			mEq/L	23 - 29
REMARK	ARTERIAL LINE SAMPLE				
2026	1451097	CRP			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	29.59 *	mg/dL	0 - 0.5
2026	1451097	LIVER FUNCTION TEST (LFT), SERUM			
		BILIRUBIN TOTAL (DPD)	1.40 *	mg/dL	0.3 - 1.2



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H-2014-2019
Feb 03, 2023 to Jun 22, 2027
Since Jan 23, 2014

582/2979

: Miss. MAHDIN FATIMA KHAN	Bill No.	: 262131444
: 2461954 /26010462	Collected On	04/05/2026 7.09 AM
: 9 Years 6 Months 28 Days / Female	Reported On	: 04/05/2026 9.19 AM
: Dr.SONA CHOWDHARY	Approved On	: 04/05/2026 10.05 AM
: ICU / 304 / 006		

Sample No	Test Name	Result	Units	Bio.Ref.
52970	LIVER FUNCTION TEST (LFT), SERUM			
	BILIRUBIN TOTAL (DPD)	3.01 *	mg/dL	0.3 - 1.2
	BILIRUBIN DIRECT (DPD)	1.53 *	mg/dL	0 - 0.2
	BILIRUBIN INDIRECT (CALCULATED)	1.48 *	mg/dL	0.2 - 1.0
	TOTAL PROTEIN (BIURET)	5.9 *	g/dL	6.4 - 8.3
	ALBUMIN (BROMOCRESOL GREEN)	2.5 *	g/dL	3.5 - 5.2
	GLOBULIN (CALCULATED)	3.4 *	g/dL	1.5 - 3.0
	A/G RATIO (CALCULATED)	0.7 *		1.5 - 2.5
	SGPT (ALT) (UV-KINETIC, IFCC WITHOUT P5P)	1290 *	IU/L	1 - 34
	SGOT (AST) (UV-KINETIC, IFCC WITHOUT P5P)	4106 *	IU/L	1 - 31
	ALKALINE PHOSPHATASE (PNPP AMP IFCC)	99 *	IU/L	156 - 386
152970	ELECTROLYTES			
	SODIUM , SERUM/PLASMA (ISE INDIRECT)	134 *	mEq/L	136 - 145
	POTASSIUM , SERUM (ISE INDIRECT)	3.37 *	mEq/L	3.5 - 5.1
	CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	92.6 *	mEq/L	98 - 107
	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	31.3 *	mEq/L	23 - 29
453111	ELECTROLYTES			
	SODIUM , SERUM/PLASMA (ISE INDIRECT)	136	mEq/L	136 - 145
	POTASSIUM , SERUM (ISE INDIRECT)	3.12 *	mEq/L	3.5 - 5.1
	CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	94.7 *	mEq/L	98 - 107
	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	35.6 *	mEq/L	23 - 29
453236	TRIGLYCERIDES			
	TRIGLYCERIDES, SERUM (GPO-POD)	279 *	mg/dL	0 - 150
453236	CPK			
	CPK, SERUM (IFCC NAC)	339 *	IU/L	34 - 145



Patient Name : Miss. MAHDIN FATIMA KHAN
MR No / IP No : 2461954 26010462
Age/Sex : 9 Years 6 Months 28 Days / Female
Ref. Doctor : Dr.SONA CHOWDHARY
Patient Type : IP
Bed No : IPCU / 304 / 006

Sample No. : 1452970
Collected On : 04/05/2026 2.59 PM
Reported On : 04/05/2026 3.37 PM
Approved On : 04/05/2026 4.00 PM
Bill No : 262131828
Specimen : BLOOD

Test Name	Result	Units	Bio Ref.Interval
PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)			
MEAN NORMAL PROTHROMBIN TIME	11.7	SECONDS	
PT VALUE, Citrate Plasma(TURBIDIMETRIC)	20.3 *	SECONDS	9.8 - 13.6
I N R(CALCULATED)	1.74 *		0.84 - 1.16

Interpretation : PT assess coagulation factors in extrinsic pathway (F VII) and common pathway (F X, FV, prothrombin and fibrinogen).

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity.
For patient on oral anticoagulant therapy (INR 2.0 to 3.0).
Mechanical valve replacement (INR 2.5 to 3.5).

Causes of prolonged PT

1. Treatment with oral anticoagulants.
2. Liver disease.
3. Vitamin K deficiency.
4. Disseminated intravascular coagulation.
5. Inherited deficiency of factors in extrinsic and common pathway.

***** END OF THE REPORT *****

Dr. KIRTI PANWAR
MD, PATHOLOGY
CONSULTANT PATHOLOGIST



This is a computer generated report and validated electronically.





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Patient Name	: Miss. MAHDIN FATIMA KHAN	Bill No.	: 262123591
MR No / IP No	: 2461954 /26010462	Collected On	: 27/04/2026 8.00 AM
Age/Sex	: 9 Years 6 Months 21 Days / Female	Reported On	: 27/04/2026 9.27 AM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 27/04/2026 9.38 AM
Ward Details	: IPCU / 304 / 006		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
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LAB- SEROLOGY

27/04/2026	1446458	PRO-CALCITONIN			
		PROCALCITONIN , SERUM (ELFA)	10.56 *	ng/ml	0 - 0.499

Interpretation : Procalcitonin is the prohormone of calcitonin. Procalcitonin is secreted from numerous organs in response to proinflammatory stimulation, particularly bacterial stimulation. It is an important marker enabling differentiation between a bacterial infection and other causes of inflammatory reactions. The procalcitonin assay results must be evaluated taking into consideration patient history and the results of other tests performed.

29/04/2026	1448908	HIV RAPID			
		HIV RAPID TEST , SERUM (IMMUNOFILTRATION)	NON REACTIVE		

Interpretation : Comment:
The test can detect HIV -1/2 antibodies in human serum or plasma if present. Results are reported as per the Strategy 3 of National guidelines of HIV testing by NACO, July 2015.
False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to the presence of heterophile antibodies.
False negative results may occur during the window period and during the end stage of the disease.
Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
For Indeterminate result, repeat testing after 2-4 weeks and confirmatory test like RT PCR or western blot is recommended.

30/04/2026	1449491	PRO-CALCITONIN			
		PROCALCITONIN , SERUM (ELFA)	6.44 *	ng/ml	0 - 0.499

Interpretation : Procalcitonin is the prohormone of calcitonin. Procalcitonin is secreted from numerous organs in response to proinflammatory stimulation, particularly bacterial stimulation. It is an important marker enabling differentiation between a bacterial infection and other causes of inflammatory reactions. The procalcitonin assay results must be evaluated taking into consideration patient history and the results of other tests performed.

LAB-BACTERIOLOGY MISC

7/04/2026	1447127	GRAM STAIN			
		SPECIMEN	CSF		
		FINDINGS:	Few lymphocytes seen. Many RBCs seen. No microorganisms seen.		

8/04/2026	1447592	GRAM STAIN			
		SPECIMEN	ET SECRETION		
		FINDINGS:	Polymorphs: >25/LPF Squamous epithelial cells: 0-10/LPF Occasional gram positive cocci in chains seen.		



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N-2014-0308
Feb 10, 2022 to Jun 22, 2027
Since Jun 22, 2014

SI-2020

Miss. MAHDIN FATIMA KHAN	Bill No.	: 262132442
: 2461954 /26010462	Collected On	04/05/2026 10.48 PM
: 9 Years 6 Months 28 Days / Female	Reported On	: 04/05/2026 11.35 PM
: Dr.SONA CHOWDHARY	Approved On	: 05/05/2026 9.27 AM
: IPCU / 304 / 006		

Sample No	Test Name	Result	Units	Bio.Ref.
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1453236	UREA			
	SERUM UREA (UREASE(GLDH))	28	mg/dL	13 - 43

n : 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.

1453236	CREATININE			
	SERUM CREATININE (MODIFIED JAFFE REACTION)	0.30 *	mg/dL	0.51 - 0.95

on : 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.

1453374	ELECTROLYTES			
	SODIUM , SERUM/PLASMA (ISE INDIRECT)	137	mEq/L	136 - 145
	POTASSIUM , SERUM (ISE INDIRECT)	2.88 *	mEq/L	3.5 - 5.1
	CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	97.6 *	mEq/L	98 - 107
	BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	34.7 *	mEq/L	23 - 29
	REMARK	CENTRAL LINE SAMPLE		

1453374	LIVER FUNCTION TEST (LFT), SERUM			
	BILIRUBIN TOTAL (DPD)	2.31 *	mg/dL	0.3 - 1.2
	BILIRUBIN DIRECT (DPD)	1.18 *	mg/dL	0 - 0.2
	BILIRUBIN INDIRECT (CALCULATED)	1.13 *	mg/dL	0.2 - 1.0
	TOTAL PROTEIN (BIURET)	5.0 *	g/dL	6.4 - 8.3
	ALBUMIN (BROMOCRESOL GREEN)	2.1 *	g/dL	3.5 - 5.2
	GLOBULIN (CALCULATED)	2.9	g/dL	1.5 - 3.0
	A/G RATIO (CALCULATED)	0.7 *		1.5 - 2.5

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Printed On : 05/05/2026 1.07 PM

Page 11 of 22





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SIIC-2020

Patient Name : Miss. MAHDIN FATIMA KHAN
 Reg No / IP No : 2461954 /26010462
 Age/Sex : 9 Years 6 Months 28 Days / Female
 Ref. Doctor : Dr.SONA CHOWDHARY
 Ward Details : IPCU / 304 / 006
 Bill No. : 262131828
 Collected On : 04/05/2026 2.59 PM
 Reported On : 04/05/2026 3.33 PM
 Approved On : 04/05/2026 3.52 PM

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		ABSOLUTE MONOCYTE COUNT	0.1 *	10 ³ /μL	0.18 - 1.3
		ABSOLUTE EOSINOPHIL COUNT	0.9 *	10 ³ /μL	0 - 0.39
		ABSOLUTE BASOPHIL COUNT	0.1	10 ³ /μL	0 - 0.2
		ANISOCYTES	MODERATE		
		MICROCYTES	FEW		
		POLYCHROMASIA	MILD		
		..	OCCASIONAL TARGET CELLS SEEN.		
		RBC COUNT (ELECTRICAL IMPEDANCE)	3.47	10 ⁶ /μL	3.41 - 5.40
		PCV / HCT (CALCULATED)	26.4 *	%	28.4 - 44.4
		MCV (DERIVED)	76.0	fl	70.9 - 92.7
		MCH (CALCULATED)	24.9	pg	21.6 - 31.1
		MCHC (CALCULATED)	32.7	g/dl	30.2 - 35.2
		RDW (DERIVED/CALCULATED)	25.4 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	170	10 ³ /μL	170 - 450
		REMARKS	PLATELETS ARE ADEQUATE IN NUMBER AS SEEN ON SMEAR. EDTA, Whole Blood		
		SAMPLE TYPE			
		LAB-MIC-AFB SMEAR			
27/04/2026	1446619	AFB - SMEAR MISC SPECIMEN.			
		SPECIMEN	GASTRIC ASPIRATION		
		FINDINGS	AFB - NOT SEEN		
		NI-KSHAY ID	269329802		
28/04/2026	1447593	AFB - SMEAR MISC SPECIMEN.			
		SPECIMEN	GASTRIC ASPIRATION		
		FINDINGS	AFB - NOT SEEN		
		NI-KSHAY ID	269329802		
		Method : Stain (Fluorochrome / ZN) and Microscopy			
		LAB-MIC-BLOOD CULTURE			
27/04/2026	1446458	CULTURE- BLOOD -RAPID			
		ORGANISM CULTURED	Staphylococcus aureus (MRSA)		
		CEFOXITIN SCREEN	Pos		





HOLY FAMILY HOSPITAL

Laboratory Services

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



SIQ2929

Name	: Miss. MAHDIN FATIMA KHAN	Bill No.	: 262129658
/ IP No	: 2461954 /26010462	Collected On	: 02/05/2026 7.10 AM
x	: 9 Years 6 Months 26 Days / Female	Reported On	: 02/05/2026 10.12 AM
ctor	: Dr.SONA CHOWDHARY	Approved On	: 02/05/2026 10.30 AM
etails	: IPCU / 304 / 006		

Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		ABSOLUTE EOSINOPHIL COUNT	0.0	10/ μ L	0 - 0.39
		ABSOLUTE BASOPHIL COUNT	0.0	10/ μ L	0 - 0.2
		..	MODERATE ANISOCYTOSIS WITH PREDOMINANTLY NORMOCYTIC NORMOCHROMIC		
		RBC COUNT (ELECTRICAL IMPEDANCE)	3.15 *	10 ⁶ / μ L	3.41 - 5.40
		PCV / HCT (CALCULATED)	23.4 *	%	28.4 - 44.4
		MCV (DERIVED)	74.4	fl	70.9 - 92.7
		MCH (CALCULATED)	25.2	pg	21.6 - 31.1
		MCHC (CALCULATED)	33.9	g/dl	30.2 - 35.2
		RDW (DERIVED/CALCULATED)	25.6 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	180	10/ μ L	170 - 450
		REMARKS	PLATELETS ARE ADEQUATE IN NUMBER AS SEEN ON SMEAR.		
		SAMPLE TYPE	EDTA, Whole Blood		
026	1451932	HB (HEMOGLOBIN)			
		HEMOGLOBIN (PHOTOMETRIC)	8.4 *	g/dl	10.6 - 14.7
		SAMPLE TYPE	EDTA, Whole Blood		
		Method :	COLORIMETRIC		
026	1452970	CBC (COMPLETE BLOOD COUNT)			
		HEMOGLOBIN (PHOTOMETRIC)	8.6 *	g/dl	10.6 - 14.7
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	22.7 *	10 ³ / μ L	4.5 - 13.0
		NEUTROPHIL (VCS/MICROSCOPY)	90.7 *	%	33 - 61
		LYMPHOCYTES. (VCS/MICROSCOPY)	4.6 *	%	28 - 48
		MONOCYTES (VCS/MICROSCOPY)	0.6 *	%	4 - 10
		EOSINOPHILS. (VCS/MICROSCOPY)	3.8 *	%	0 - 3
		BASOPHILS (VCS/MICROSCOPY)	0.3	%	0 - 1
		ABSOLUTE NEUTROPHIL COUNT	20.6 *	10 ³ / μ L	1.5 - 9.5
		ABSOLUTE LYMPHOCYTE COUNT	1.0 *	10 ³ / μ L	1.3 - 6.5

By : 5575

Printed On : 05/05/2026 1.07 PM

Page 17 of 22





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In-2014-2018
Feb 08, 2022 to Jun 22, 2022
Since Jun 22, 2014

18C-1929

e : Miss. MAHDIN FATIMA KHAN Bill No. : 262132635
 o : 2461954 /26010462 Collected On 05/05/2026 5.42 AM
 : 9 Years 6 Months 29 Days / Female Reported On : 05/05/2026 6.45 AM
 : Dr.SONA CHOWDHARY Approved On : 05/05/2026 9.37 AM
 s : IPCU / 304 / 006

Sample No	Test Name	Result	Units	Bio.Ref.
	SGPT (ALT) (UV-KINETIC, IFCC WITHOUT P5P)	973 *	IU/L	1 - 34
	SGOT (AST) (UV-KINETIC, IFCC WITHOUT P5P)	1554 *	IU/L	1 - 31
	ALKALINE PHOSPHATASE (PNPP AMP IFCC)	68 *	IU/L	156 - 386
	* CENTRAL LINE SAMPLE			
LAB-HEMATOLOGY				
1446458	CBC (COMPLETE BLOOD COUNT)			
	HEMOGLOBIN (PHOTOMETRIC)	9.7 *	g/dl	10.6 - 14.7
	TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	6.3	10/ μ L	4.5 - 13.0
	NEUTROPHIL (VCS/MICROSCOPY)	54.0	%	33 - 61
	LYMPHOCYTES (VCS/MICROSCOPY)	4.4 *	%	28 - 48
	MONOCYTES (VCS/MICROSCOPY)	21.1 *	%	4 - 10
	EOSINOPHILS (VCS/MICROSCOPY)	0.1	%	0 - 3
	BASOPHILS (VCS/MICROSCOPY)	0.4	%	0 - 1
	NEUTROPHIL-BAND (VCS/MICROSCOPY)	20.0	%	0 - 11
	ABSOLUTE NEUTROPHIL COUNT	4.7	10/ μ L	1.5 - 9.5
	ABSOLUTE LYMPHOCYTE COUNT	0.3 *	10/ μ L	1.3 - 6.5
	ABSOLUTE MONOCYTE COUNT	1.3	10/ μ L	0.18 - 1.3
	ABSOLUTE EOSINOPHIL COUNT	0.0	10/ μ L	0 - 0.39
	ABSOLUTE BASOPHIL COUNT	0.0	10/ μ L	0 - 0.2
	ANISOCYTES	MILD		
	HYPOCHROMIA	MILD		
	MICROCYTES	MILD		
	POLYCHROMASIA	MILD		
	RBC COUNT (ELECTRICAL IMPEDANCE)	4.53	10 ⁶ / μ L	3.41 - 5.40
	PCV / HCT (CALCULATED)	30.7	%	28.4 - 44.4
	MCV (DERIVED)	67.8 *	fl	70.9 - 92.7
	MCH (CALCULATED)	21.3 *	pg	21.6 - 31.1
	MCHC (CALCULATED)	31.5	g/dl	30.2 - 35.2



HOLY FAMILY HOSPITAL

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E-mail : administration@hfhdelhi.org

website : www.hfhdelhi.org



H-2014-0298
February 01, 2022 to January 22, 2024
Since January 22, 2014

08.05.2026

To,

EK KADAM NGO

New Delhi

Sub: Request for help

Dear Sir,

This is to certify that Miss Mahdin Fatima Khan 9 year's old girl child came to Holy Family Hospital casualty on 04/05/2026 and admitted her due to fever, headache vomiting since 3 days. Neck and leg pain since 2days with in ability to sit up and lethargic since 1 day. Child is a k/c/o chronic MRSA sepsis with culture positive meningitis. Parents are financially poor to afford her treatment, so financial aid is required.

It will be kind of you, if you can do some financial help to this child as her parents are not capable of paying so much.

Sr. Elsy Thomas

Department Incharge

Holy Family Hospital

New Delhi- 110025

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

