
MAQUET

CASE SUMMARY

NAME- MISS DUA

AGE- 8 MONTH / FEMALE CHLD

IP NO- 26027374

Baby presented with compliant of fever x 5 day, loose stools x 1 day and breathing difficulty since morning. Baby is a Term / NVD/ 2.1kg / Outborn with h/o consanguinous marriage with dysmorphic facies for which baby was under evaluation at Rainbow children hospital where WES sample was sent report currently awaited. Baby had developmental delay with only neck holding present and social smile present.

Baby was admitted to PICU and on admission had b/l rhonchi in chest with mild retraction and tachypnea with dysmorphic facies: corse facies, frontal bossing, flat nasal bridge, hence baby was started on O2 via nasal prongs along with nebulisation with levolin , hypernеb, budcort.

Over the course of hospital stay, repiratory distress worsened with baby not able to manintain saturation with nasal prongs hence baby was intubated on the day of admission , routine investigation were sent along with chest xray which had b/l opacification. Hence Inj piptaz was added to treatment regime along with tamiflu syp, as baby improved NG feeds were started and gradually built and IVF were discontinued as baby improved baby was extubated on DOH:3 and was to NIV which child initially tolerrated well but ON DOH:5 again distress worsened and baby developed respiratory failure hence was reintubated and MV was resumed. PCR panel was sent reporting RSV positive hence syp tamiflu was discontinued.

On DOH:4 baby developed gastric distension, Xray abd done showing gaseous distension hence feeds were intermittenly witheld as distesion resolved feeds were restarted.

Gradually, ventilatory support was decreased which the child did not tolerate well , had multiple epsidoes of desaturation, repeat chest xray reported Inhomogeneous air space opacity is seen in bilateral mid zone.

Currently baby is on MV(FiO: 60%, RR:50, PEEP:8, TV:40)

Inj Piperacillin-Tazobactam

Inj Levofloxacin

Inj Vancomycin

NG feeds40 ml 2nd hourly

Name	: Miss. DUA	Bill No.	: 262329198
/ IP No	: 2508279 /26027374	Collected On	30/10/2026 2.32 PM
Sex	: 8 Months 28 Days / Female	Reported On	: 30/10/2026 2.58 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 30/10/2026 3.04 PM
Ward Details	: IPCU / 304 / 007		

cept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	14.6	10/µL	6.0 - 17.0
		NEUTROPHIL (VCS/MICROSCOPY)	65.1 *	%	15 - 35
		LYMPHOCYTES. (VCS/MICROSCOPY)	21.6 *	%	45 - 76
		MONOCYTES (VCS/MICROSCOPY)	6.3	%	4 - 12
		EOSINOPHILS. (VCS/MICROSCOPY)	0.0	%	0 - 3
		BASOPHILS (VCS/MICROSCOPY)	1.0	%	0 - 1
		NEUTROPHIL-BAND (VCS/MICROSCOPY)	6.0	%	0 - 11
		ABSOLUTE NEUTROPHIL COUNT	10.3 *	10/µL	1 - 8
		ABSOLUTE LYMPHOCYTE COUNT	3.2	10/µL	3 - 13
		ABSOLUTE MONOCYTE COUNT	0.9	10/µL	0.2 - 2.04
		ABSOLUTE EOSINOPHIL COUNT	0.0	10/µL	0 - 0.51
		ABSOLUTE BASOPHIL COUNT	0.2	10/µL	0 - 0.3
		POLYCHROMASIA	MILD		
		RBC COUNT (ELECTRICAL IMPEDANCE)	2.84 *	10^6/µL	3.54 - 5.31
		PCV / HCT (CALCULATED)	22.8 *	%	25.4 - 40.2
		MCV (DERIVED)	80.3	fl	70.5 - 87.6
		MCH (CALCULATED)	25.9	pg	20.1 - 29.6
		MCHC (CALCULATED)	32.3	g/dl	30.1 - 35.0
		RDW (DERIVED/CALCULATED)	15.3 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	373	10/µL	200 - 550
		SAMPLE TYPE	EDTA, Whole Blood		
11/2026	1606156	**CBC (COMPLETE BLOOD COUNT)**			
		HEMOGLOBIN (PHOTOMETRIC)	6.4 *	g/dl	10.1 - 13.7
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	19.7 *	10/µL	6.0 - 17.0
		NEUTROPHIL (VCS/MICROSCOPY)	71.6 *	%	15 - 35
		LYMPHOCYTES. (VCS/MICROSCOPY)	21.4 *	%	45 - 76

HOLY FAMILY HOSPITAL

Laboratory Services

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

Name	: Miss. DUA	Bill No.	: 262329198
UHID / IP No	: 2508279 /26027374	Collected On	30/10/2026 2.32 PM
Age / Sex	: 8 Months 28 Days / Female	Reported On	: 30/10/2026 3.34 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 30/10/2026 4.11 PM
Ward Details	: IPCU / 304 / 007		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
30/10/2026	1604684	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	141	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.84	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	110.2 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	25.5	mEq/L	23 - 29
31/10/2026	1605067	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	142	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.13	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	109.9 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	24.8	mEq/L	23 - 29
31/10/2026	1605322	**UREA**			
		SERUM UREA (UREASE(GLDH))	35	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.

31/10/2026	1605322	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	0.34 *	mg/dL	0.51 - 0.95

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.

01/11/2026	1606156	**CRP**			
		C REACTIVE PROTEIN (CRP), SERUM	0.43	mg/dL	0 - 0.5

Name	: Miss. DUA	Bill No.	: 262331452
IP No	: 2508279 /26027374	Collected On	01/11/2026 8.16 PM
Sex	: 9 Months / Female	Reported On	: 01/11/2026 9.16 PM
Doctor	: Dr.SONA CHOWDHARY	Approved On	: 02/11/2026 11.27 AM
Ward Details	: IPCU / 304 / 007		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		MONOCYTES (VCS/MICROSCOPY)	6.1	%	4 - 12
		EOSINOPHILS. (VCS/MICROSCOPY)	0.0	%	0 - 3
		BASOPHILS (VCS/MICROSCOPY)	0.9	%	0 - 1
		ABSOLUTE NEUTROPHIL COUNT	14.1 *	10/µL	1 - 8
		ABSOLUTE LYMPHOCYTE COUNT	4.2	10/µL	3 - 13
		ABSOLUTE MONOCYTE COUNT	1.2	10/µL	0.2 - 2.04
		ABSOLUTE EOSINOPHIL COUNT	0.0	10/µL	0 - 0.51
		ABSOLUTE BASOPHIL COUNT	0.2	10/µL	0 - 0.3
		RBC COUNT (ELECTRICAL IMPEDANCE)	2.53 *	10^6/µL	3.54 - 5.31
		PCV / HCT (CALCULATED)	20.3 *	%	25.4 - 40.2
		MCV (DERIVED)	80.5	fl	70.5 - 87.6
		MCH (CALCULATED)	25.4	pg	20.1 - 29.6
		MCHC (CALCULATED)	31.5	g/dl	30.1 - 35.0
		RDW (DERIVED/CALCULATED)	15.3 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	404	10/µL	200 - 550
		REMARKS	NEUTROPHILIC LEUKOCYTOSIS WITH SHIFT TO LEFT SEEN.		
		SAMPLE TYPE	EDTA, Whole Blood		

LAB-MIC-BLOOD CULTURE

/2026 1599204 **CULTURE- BLOOD -RAPID**

ORGANISM CULTURED NO GROWTH IN 48 HRS.

Method : Conventional / Automated

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

LAB-URINALYSIS

/2026 1599690 **URINE ROUTINE EXAMINATION**

COLOUR	PALE STRAW	
APPEARANCE	SLIGHT CLOUDY	
SPECIFIC GRAVITY (PKA CHANGE OF POLY ELECTROLYTES)	1.025	1.005 - 1.030
PH (DOUBLE INDICATOR)	6.0	5.0 - 8.5

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Name	: Miss. DUA	Bill No.	: 262331452
IP No	: 2508279 /26027374	Collected On	: 01/11/2026 8.16 PM
Age / Sex	: 9 Months / Female	Reported On	: 01/11/2026 9.22 PM
Doctor	: Dr.SONA CHOWDHARY	Approved On	: 02/11/2026 9.48 AM
Details	: IPCU / 304 / 007		

Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		(IMMUNOTURBIDIMETRIC)			
		LAB-HEMATOLOGY			
26	1599204	**CBC (COMPLETE BLOOD COUNT)**			
		HEMOGLOBIN (PHOTOMETRIC)	10.5	g/dl	10.1 - 13.7
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	12.2	10/µL	6.0 - 17.0
		NEUTROPHIL (VCS/MICROSCOPY)	21.5	%	15 - 35
		LYMPHOCYTES. (VCS/MICROSCOPY)	72.0	%	45 - 76
		MONOCYTES (VCS/MICROSCOPY)	5.9	%	4 - 12
		EOSINOPHILS. (VCS/MICROSCOPY)	0.0	%	0 - 3
		BASOPHILS (VCS/MICROSCOPY)	0.6	%	0 - 1
		ABSOLUTE NEUTROPHIL COUNT	2.6	10/µL	1 - 8
		ABSOLUTE LYMPHOCYTE COUNT	8.7	10/µL	3 - 13
		ABSOLUTE MONOCYTE COUNT	0.7	10/µL	0.2 - 2.04
		ABSOLUTE EOSINOPHIL COUNT	0.0	10/µL	0 - 0.51
		ABSOLUTE BASOPHIL COUNT	0.1	10/µL	0 - 0.3
		POLYCHROMASIA	MILD		
		RBC COUNT (ELECTRICAL IMPEDANCE)	4.08	10^6/µL	3.54 - 5.31
		PCV / HCT (CALCULATED)	31.7	%	25.4 - 40.2
		MCV (DERIVED)	77.6	fl	70.5 - 87.6
		MCH (CALCULATED)	25.8	pg	20.1 - 29.6
		MCHC (CALCULATED)	33.2	g/dl	30.1 - 35.0
		RDW (DERIVED/CALCULATED)	15.2 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	200	10/µL	200 - 550
		REMARKS	PLATELETS ARE ADEQUATE IN NUMBER AS SEEN ON SMEAR.		
		SAMPLE TYPE	EDTA, Whole Blood		
5	1604684	**CBC (COMPLETE BLOOD COUNT)**			
		HEMOGLOBIN (PHOTOMETRIC)	7.4 *	g/dl	10.1 - 13.7

HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

Phone : 011-44020000, 011-35034000

E-mail : administration@hfhdelhi.org

website : www.hfhdelhi.org

03rd November 2026

To,

EK KADAM NGO

Sub: Request for financial assistance

This is to certify that Miss Dua (IPD No. 26027374) 8 month 21 days, Female admitted under Dr. Sona Chowdhary, baby presented with compliant of fever x 5 days, loose stools x 1 day and breathing difficulty since morning. Baby is a term/ NVD/2.1 kg/ out born with h/o consanguinous marriage with dsysmorphic facies for baby was under evaluation at rainbow children hospital where WES sample was sent report correctly awaited. Baby had developmental delay with only neck holding present and social smile present.

Baby was admitted to PICU and on admission had b/l rhonchi in chest with mild retraction and tachypnea with dysmorphic facies: corse facies, frontal bossing, flat nasal bridge, hence baby was started on O2 via nasal prongs along with nebulisation with levolin, hyperneb, budcort.

On DOH:4 baby developed gastric distension, Xray abd done showing gaseous distension hance feeds were intermittently witheld as distension resolved feeds were restarted.

ACUTE RSV-A BRONCHIOLITIS WITH RESPIRATORY FAILURE WITH FAILURE TO THRIVE WITH DEVELOPMENTAL DELAY WITH SYNDROMIC FACIES.

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

Thanking you

Yours sincerely

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

Sr. Elsy Thomas

Personal Development Department

Holy Family Hospital New Delhi- 110 025


MAQUET