





CASE SUMMARY

NAME- MASTER AARVIK

D.O.B- 14/4/2026

T.O.B- 04:20 PM

DIAGNOSIS-Late Pre Term (34+6 weeks) / AGA / IDM / RESPIRATORY DISTRESS AT BIRTH - TTNB / NNJ / HYPOCALCEMIA / HYPOMAGNEMEMSEMIA / LONS WITH MENINGITIS / HYPERGYLCEMIA
Newborn

Born via NVD- vaccum on 1/04 /2026 at 4:20 PM in HFH to a primigravida mother

Newborn details

Birth weight- 2.45kg

Length- 49.5cm

HC- 30.5cm

CC- 29.5cm

APGAR- 7/10, 9/10

Mother's blood group-B positive

GC- fair

Vitals- unstable, tachypnea

Cry- normal

tone- normal

Color- pink

Genitals- Female/ Male, B/L Testes descended into Scrotal Sac

S/E:

CVS- S1S2 heard, no murmur

CNS- AF at level, open

R/S- B/L AE+, B/L chest clear, retraction, nasal flaring, audible grunting, SAS:6/10

P/A- soft, NT, BS

COURSE DURING HOSPITAL STAY

RESPIRATORY DISTRESS

Baby born via vaccum assisted delivery, cried at birth and developed respiratory distress with SAS:6/10 was started on CPAP with PEEP:5, FiO2:30, chest xray done reported Ryle's tube in situ. Lung fields and costophrenic angles appear clear, respiratory distress improved and CPAP setting were titrated gradually and baby was weaned off CPAP at HOL:7.

HYPOCALCEMIA:

Baby had hypocalcemia (asymptomatic) with S.Ca6.6hence was started on oral calcium despite of which repeat S.ca was in reducing trend with S.ca5.39 hence was started on IV calcium gluconate correction for 48 hours following following which dose was reduced to half I/v/o of improving calcium trends(7.42) and also oral calcium was added to treatment regime and iv calcium was discontinued , I/v/o persistent hypocalcemia, work up was sent which revealed hypomagnemsemia which was managed as per protocol. Following which calcium levels improved.

NNJ:

baby developed icterus at HOL:42 with Sbr 9.3 and was started on SSPT with repeat Sbr at 62HOL also 9.3(phototherapy range12.3) hence SSPT was discontinued, rebound Sbr sent and was in increasing trend(11.5....13.57) hence phtotherapy was restarted and jaundice workup was sent with repeat sample awaited

LONS:

At DOL 7 child developed recurrent apnea and became lethargic p/o sepsis was kept and work up was sent and lumbar punture was done reveling meningitis with TLC:3834, N:76%, L:24%, Sugar:11mg/dl, Protien:418.28 and child was satarted on Meropenem and vancomycin in antimeningitic dose. During the course child also developed seizure and was managed with phenobarbitone following which child had no seizure recurrence. And phenobarbitone was discontinued after 3 days. Blood c/s and CSF c/s sent and reported growth of E.coli , and antibiotics empirically started were sensitive and so continued

Respiratory Failure:

Following apnea child had impaired respiratory drive with shallow breathing, rising pCO₂:(45....59.....68....84) and respiratory acidosis pH(7.3....7.16....7.18....7.11) hence baby was intubated and started on mecahnical ventilator. As baby improved child was weaned off mechanical ventilator over 48 hours to NIV and over next 24 hours was weaned off to room air.

NUTRITION:

Baby is on OG feeds + IVF with plan to increase feeds and taper IVF over next 24 hours.

Baby is on oral feeds, IVF, Inj meropenem., oral calcium and room air

DOL : 13

Current Weight 2.37kg

Dr Sona Chowdhary
Senior Consultant Pediatrics
Holy Family Hospital, Okhla

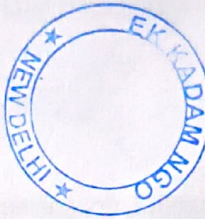


S. Sona
Paed SR
DHC 116875



Patient Name : Master. AARVIK CHATURVEDI (B/O LOVELY **Sample No.** : 1431927
MR No / IP No : 2455746 26008096 **Collected On** : 09/04/2026 7.18 AM
Age/Sex : 9 Days / Male **Reported On** : 09/04/2026 9.32 AM
Ref. Doctor : Dr.SONA CHOWDHARY **Approved On** : 09/04/2026 9.38 AM
Patient Type : IP **Bill No** : 262104216
Bed No : NUR206 / 206 / 002 **Specimen** : BLOOD

Test Name	Result	Units	Bio.Ref.Interval
CBC (COMPLETE BLOOD COUNT)			
Hemoglobin(Photometric)	9.5 *	g/dl	11.0 - 17.5
Total Leucocyte Count(Electrical Impedance)	18.5	10 ³ /μL	5.0 - 21.0
DLC			
Neutrophil(VCS/Microscopy)	68 *	%	19 - 49
Lymphocytes.(VCS/Microscopy)	21 *	%	26 - 36
Monocytes(VCS/Microscopy)	04 *	%	7 - 18
Eosinophils.(VCS/Microscopy)	02	%	0 - 2
Basophils(VCS/Microscopy)	00	%	0 - 1
Neutrophil-Band(VCS/Microscopy)	05	%	0 - 15
Absolute Leucocyte Count (Microscopy/ Calculated)			
Absolute Neutrophil Count	13.5 *	10 ³ /μL	1 - 13
Absolute Lymphocyte Count	3.8	10 ³ /μL	2 - 8
Absolute Monocyte Count	0.7	10 ³ /μL	0.35 - 3.78
Absolute Eosinophil Count	0.3	10 ³ /μL	0 - 0.4
Absolute Basophil Count	0.0	10 ³ /μL	0 - 0.3
RBC Morphology (Microscopy)			
Polychromasia	MILD		
	MILD ANISOCYTOSIS WITH PREDOMINANTLY NORMOCYTIC NORMOCHROMIC RBCs		
RBC			
RBC Count(Electrical Impedance)	3.03 *	10 ⁶ /μL	3.30 - 5.30
PCV / HCT(Calculated)	29.1 *	%	32.8 - 50.5
RBC Indices			
MCV(Derived)	96.1	fl	91.8 - 103.5
MCH(Calculated)	31.4 *	pg	31.7 - 36.2
MCHC(Calculated)	32.6 *	g/dl	33.4 - 35.8
RDW(Derived/Calculated)	19.7 *	%	11.6 - 14.0
PLATELET COUNT			
Platelet Count(Electrical Impedance)	275	10 ³ /μL	200 - 500





Patient Name : Master. AARVIK CHATURVEDI (B/O LOVELY) **Sample No.** : 1432065
MR No / IP No : 2455746 26008096 **Collected On** : 09/04/2026 9.42 AM
Age/Sex : 9 Days / Male **Reported On** : 09/04/2026 10.31 AM
Ref. Doctor : Dr.SONA CHOWDHARY **Approved On** : 09/04/2026 10.41 AM
Patient Type : IP **Bill No** : 262104303
Bed No : NUR206 / 206 / 002 **Specimen** : BLOOD

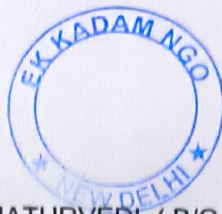
Test Name	Result	Units	Bio.Ref.Interval
BILIRUBIN (TOTAL, DIRECT,INDIRECT), SERUM			
BILIRUBIN TOTAL(DPD)	12.39 *	mg/dL	0.3 - 1.2
BILIRUBIN DIRECT(DPD)	1.03 *	mg/dL	0 - 0.2
BILIRUBIN INDIRECT(Calculated)	11.36 *	mg/dL	0.2 - 1.0

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST



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Patient Name : Master. AARVIK CHATURVEDI (B/O LOVELY **Sample No.** : 1432112
MR No / IP No : 2455746 26008096 **Collected On** : 09/04/2026 10.35 AM
Age/Sex : 9 Days / Male **Reported On** : 09/04/2026 11.06 AM
Ref. Doctor : Dr.SONA CHOWDHARY **Approved On** : 09/04/2026 12.08 PM
Patient Type : IP **Bill No** : 262104342
Bed No : NUR206 / 206 / 002 **Specimen** : BLOOD

Test Name	Result	Units	Bio.Ref.Interval
CHLORIDE (CL-) CHLORIDE, Serum/Plasma(ISE INDIRECT)	109.0 *	mEq/L	98 - 107

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

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Patient Name : Master. AARVIK CHATURVEDI (B/O LOVELY Sample No. : 1432112
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Ref. Doctor : Dr.SONA CHOWDHARY Approved On : 09/04/2026 12.08 PM
Patient Type : IP Bill No : 262104342
Bed No : NUR206 / 206 / 002 Specimen : BLOOD

Test Name	Result	Units	Bio.Ref.Interval
SODIUM AND POTASSIUM			
SODIUM AND POTASSIUM			
SODIUM , Serum/Plasma(ISE INDIRECT)	146 *	mEq/L	136 - 145
POTASSIUM , Serum(ISE INDIRECT)	5.95 *	mEq/L	3.5 - 5.1

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST



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Provisional Report



Patient Name : Master. AARVIK CHATURVEDI (B/O LOVELY) **Sample No.** : 1431927
MR No / IP No : 2455746 26008096 **Collected On** : 09/04/2026 7.18 AM
Age/Sex : 9 Days / Male **Reported On** : 09/04/2026 8.36 AM
Ref. Doctor : Dr.SONA CHOWDHARY **Approved On** :
Patient Type : IP **Bill No** : 262104216
Bed No : NUR206 / 206 / 002 **Specimen** : BLOOD

Test Name	Result	Units	Bio.Ref.Interval
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KFT (KIDNEY FUNCTION TEST)

Serum Urea(Urease)	12 *	mg/dL	13 - 43
Serum Creatinine(Modified Jaffe Reaction)	0.48 *	mg/dL	0.67 - 1.17
Serum Uric Acid(Uricase)	3.38 *	mg/dL	3.5 - 7.2



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.).

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

Provisional Report



This is a computer generated report and validated electronically.



HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

Phone : 011-44020000, 011-35034000

E-mail : administration@hfhdelhi.org

website : www.hfhdelhi.org



H-2014-0208
February 09, 2023 to January 22, 2027
Since January 23, 2014

To,

EK KADAM NGO



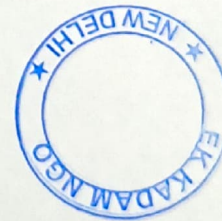
Subject: - Request for Financial assistance.

This is to certify that Master Aarvik is admitted under Dr.Sona Chowdary, Baby born in vaccum assisted delivery, cried at birth and developed respiratory distress with sas:6/10 was started on CPAP with PEEP;5, FiO2;30 . Baby had Hypocalcaemia (asymptomatic) with S.Ca6.6 hence was started on oral calcium despite of which repeat S.ca. 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

Susmitha

Yours sincerely



Personal Development Department

Holy Family Hospital,

New Delhi - 110025

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

