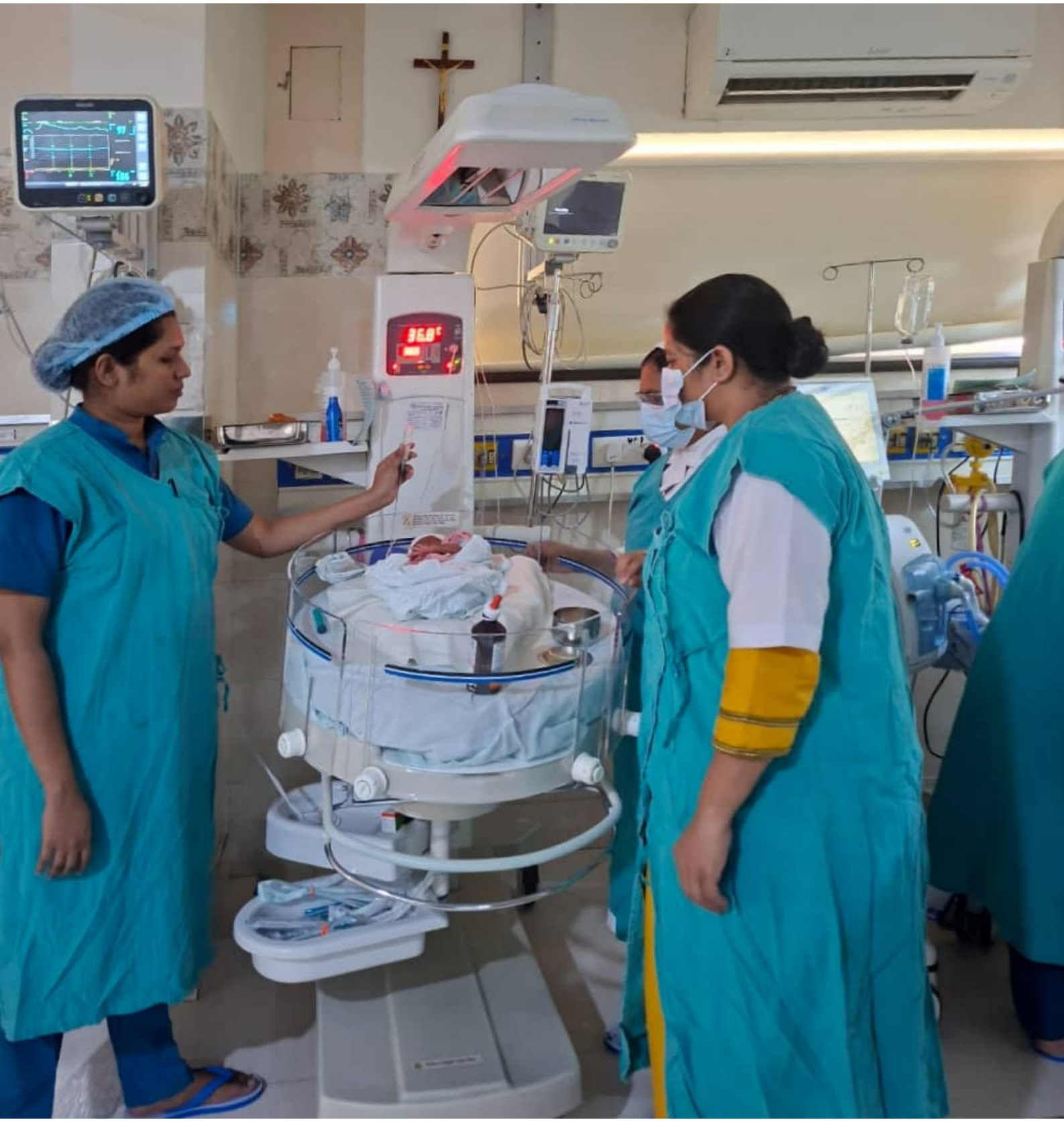

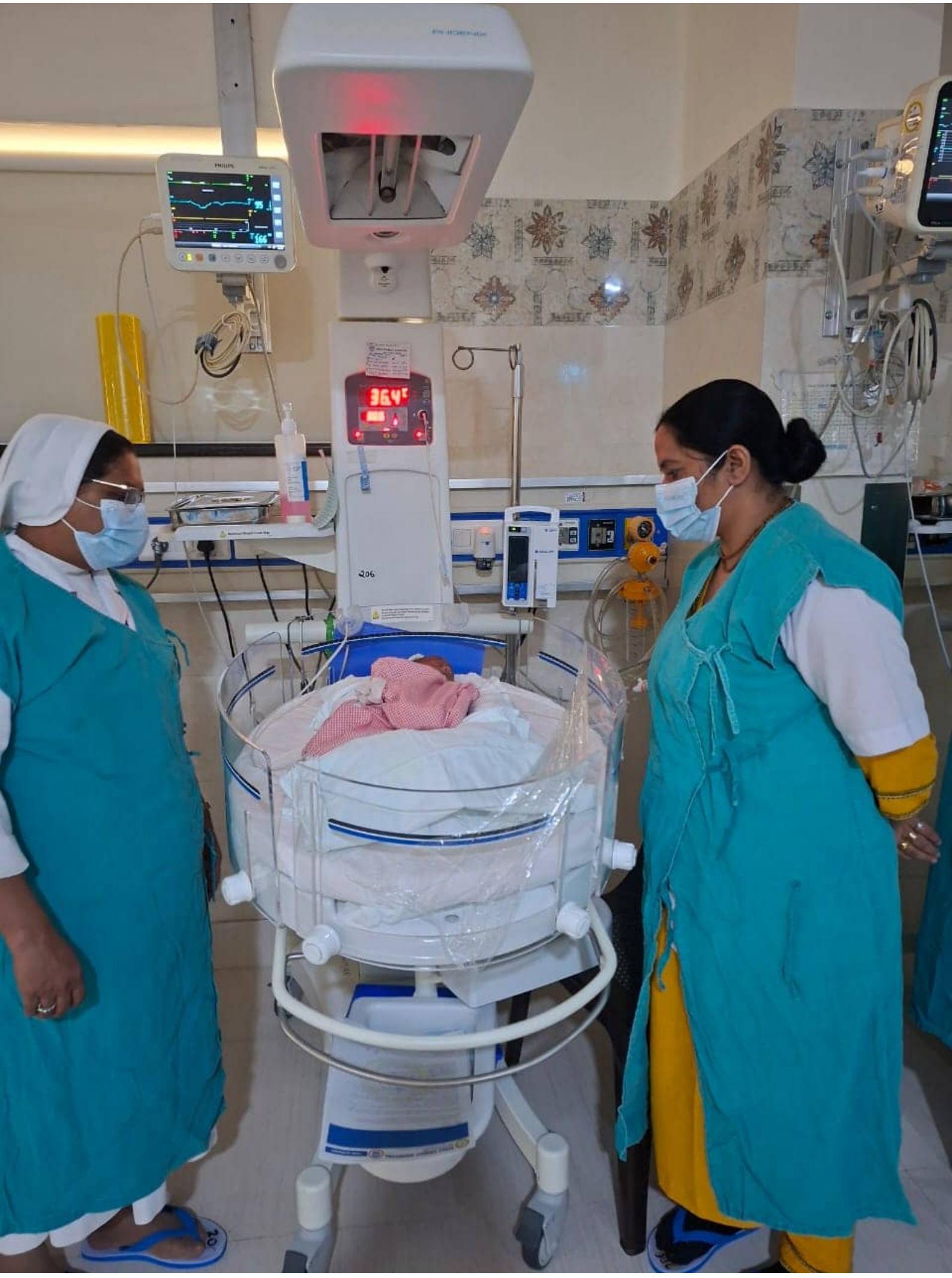

HOLY FAMILY HOSPITAL
Okhla Road, New Delhi-110025
Phone : 011-35034000, 44020000
Email : administration@hfhdelhi.org, Web : www.hfhdelhi.org

CASE SUMMARY

CASE SUMMARY

Date : 20/11/25 11AM.
B/O Anamika Twin 2
IP NO – 25025398
DOB – 16/10/25
TOB – 12:24PM

A Very Pre Term (29+2weeks)/TWIN 2 /LSCS/ELBW/STEROID COVERED/IVF CONCEPTION/B.WT 850GMS/RESPIRATORY DISTRESS SYNDROME/B/L PERIVENTRICULAR FLARE/NEONATAL JAUNDICE/

Baby Cried Immediately after Birth . Apgar reads 7 and 8 at 1 and 5 minutes of life . baby shifted to nicu in view of respiratory distress and prematurity and very low birth weight

in view of respiratory distress baby started on Niv with PC-CMV mode of ventilation and started on iv fluids according to body weight and day of life
And started on iv antibiotics
baby weaned off to room air on day of life 3 and inj Capnea started after giving loading dose . and feeds started and gradually built . as cultures were negative antibiotics were stopped on day of life 5
on day of life 5 baby developed jaundice and serum bilirubion comes under phototherapy range for which phototherapy and sequential serum bilirubin follow up done and well judged phototherapy given when required. and baby developed jaundice on day of life 9 and started on phototherapy . sequential serum bilirubin comes under normal range

inj Capnea later changed to oral doses according to weight
And Feeds built to full strength

Usg Cranium : ULTRASOUND CRANIUM (PORT) : Bilaterral periventricular flare.
Currently On room air .
Currently baby is on 21 ml 2 hourly Spoon Feeds
Current Weight : 1.36kg
Birth Weight 850gms
Corrected Gestational age : 34+2wks...Day of life 34

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

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CASE SUMMARY

CASE SUMMARY

Date 20/11/25
B/O Anamika Twin 1
IP NO – 25025397
DOB – 16/10/25
TOB – 12:23PM

A Very Pre Term (29+2weeks)/TWIN 1 /LSCS/ELBW/STEROID COVERED/IVF CONCEPTION/B.WT 700GMS/RESPIRATORY DISTRESS SYNDROME/B/L PERIVENTRICULAR FLARE/NEONATAL JAUNDICE/NEC

Baby Cried Immediately after Birth . Apgar reads 7 and 8 at 1 and 5 minutes of life , baby shifted to nicu in view of respiratory distress and prematurity and very low birth weight

in view of respiratory distress baby started on Niv with PC-CMV mode of ventilation and started on iv fluids according to body weight and day of life and started on iv antibiotics on day of life 2 baby developed jaundioce and serum bilirubion comes under phototherapy range for which phototherapy and sequential serum bilirubin follow up done and well judged phototherapy given when required
baby weaned off to room air on day of life 3 and inj Capnea started after giving loading dose , and feeds started and gradually built , on day of life 2 when baby is on Niv mode of ventilaytion , baby developed abdominal distension , in view of early Nec , feeds with hold done and again after 24 hours feeds started and which were later built accordingly
inj Capnea later changed to oral doses according to weight

Usg Cranium : ULTRASOUND CRANIUM (PORT) - case seen by Dr. Krishnasis Date scanned : 03.11.2025 Bilateral parenchymal echogenicity noted with no evidence of any cystic changes. The lateral & third ventricles are normal in calibre. The falx is midline. Visualized cerebral cortex appears normal. Right lateral ventricle measures 6.4 mm in diameter at the level of body. Left lateral ventricle measures 6.5 mm in diameter at the level of body. Impression: Grade-I periventricular leukomalacia.

Currently baby is on 17 ml 2 hourly OG Feeds
Current Weight : 1.05kg
Birth Weight 700gms
Corrected Gestational age : 34+2wks...Day of life 34

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

Dr Yogesh Parashar

HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

Phone: 26845900 TO 909, 26332800 TO 809, **Fax:** 11-26913225

E-mail: administration@hfhdelhi.org

Website: www.hfhdelhi.org

20th November 2025

To,

One Life Organisation

Vishwakarma Colony, Pehladpur

New Delhi- 110 044

Sub: Request for financial assistance

This is to certify that B/o Anamika Twin 1 (IPD No. 25025398, birth weight: 700 gms) and B/o Anamika Twin 2 (IPD No. 25025397, birth weight: 850 gms) were born in Holy Family Hospital on 16th October 2025. They are very Pre Term (29+2 weeks). The children are admitted under Dr. Yogesh Parashar. They have a diagnosis of ELBW, Steroid covered, IVF Conception, Respiratory Distress Syndrome, Bilateral Periventricular Flare and Neonatal Jaundice.

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

Ms. Kiran Verma

Personal Development Department

Holy Family Hospital

New Delhi- 110 025

Forwarded to One Life Organisation

20/11/25

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI-110 025

IP

Patient	: B/O. ANAMIKA TIWARI (IIND TWIN)	Order Number	: 190576065
MR No.	: 2418218	Accepted Dt & Tm	: 17/10/2025 12.59 PM
Age/Sex	: 2Days / Male	Approved Dt &	: 18/10/2025 12.28 PM
Ref. Doctor	: Dr. YOGESH PARASHAR	Bill No.	: 252300004
IP	: 25025398	Approved By	: Dr. POOJA GUPTA (RAD)
Ward/Bed	: NUR206 / 206 / 008	Typist ID	: 10666

ULTRASOUND CRANIUM + PORT

Date scanned : 17/10/2025

Persistent cavum septum pellucidum.
Bilateral periventricular flare noted (likely physiological for gestational age. However, recommended follow up scan in 7-10 days to exclude evolving periventricular leukomalacia).
The lateral & third ventricles are normal in calibre.
The falx is midline.
Visualized cerebral cortex appears normal.
Right lateral ventricle measures 5.2 mm mm in diameter at the level of body.
Left lateral ventricle measures 5.4 in diameter at the level of body.

DR.POOJA GUPTA (RAD)
SENIOR RESIDENT RADIOLOGIST

IP

Patient	: B/O. ANAMIKA TIWARI (IIND TWIN)	Order Number	: 190575766
MR No.	: 2418218	Accepted Dt & Tm	: 16/10/2025 3.06 PM
Age/Sex	: 1Days / Male	Approved Dt &	: 18/10/2025 1.12 PM
Ref. Doctor	: Dr. YOGESH PARASHAR	Bill No.	: 252299009
IP	: 25025398	Approved By	: Dr. P.S.UPPAL
Ward/Bed	: NUR206 / 206 / 008	Typist ID	: 5691

CHEST AP + ABDOMEN (PORT)

NG tube in situ.
The present portable skiagram shows normal radiological appearances of lungs and pleurae.
No evidence of free peritoneal air.
Normal G.I. gas distribution and pattern.

Line extending from left femoral region upto the right side heart.

DR.P.S.UPPAL
CONSULTANT RADIOLOGIST
RADIOLOGIST

IP

Patient	: B/O. ANAMIKA TIWARI (IIND TWIN)	Order Number	: 190577041
MR No.	: 2418218	Accepted Dt & Tm	: 21/10/2025 2.09 PM
Age/Sex	: 6Days / Male	Approved Dt &	: 25/10/2025 8.46 AM
Ref. Doctor	: Dr. YOGESH PARASHAR	Bill No.	: 252303423
IP	: 25025398	Approved By	: Dr. P.S.UPPAL
Ward/Bed	: NUR206 / 206 / 008	Typist ID	: 5204

ULTRASOUND CRANIUM + PORT
CASE SEEN BY DR.ANURAG

Date scanned : 21/10/2025

Cavum septum pellucidum is seen.
Bilateral periventricular flare is noted.
No evidence of a subependymal or intraventricular haemorrhage is seen.
The falx is midline.
Visualized cerebral cortex appears normal.
Right lateral ventricle measures 4.4 mm in diameter at the level of body.
Left lateral ventricle measures 4.8 mm in diameter at the level of body.

DR.ANURAG AGARWAL
RESIDENT RADIOLOGY
RADIOLOGIST

DR.P.S.UPPAL
CONSULTANT RADIOLOGIST
RADIOLOGIST

HOLY FAMILY HOSPITAL, NEW DELHI-110 025

PHONE 26845900-909, 26332800-09, Ext-251,254

RADIOLOGY IMAGING NO. 20/ /2025

MR NO / IP NO	: 2418218 / 25025398	16/10/2025 12:51 PM	
Name	: B/O. ANAMIKA TIWARI (IIND TWIN)		
Relative Name	: S/O.PRAVEEN		
Age / Sex	: 1 D /M	Mobile: 9910077534	
Bed No	: 206 / 008 at NUR206 - SB	TPA / Org	
Admitting Dr.	: Dr.YOGESH PARASHAR		
Co Consultant	:		

Dated : 21/10/2025

ULTRASOUND SCAN OF:

PROVISIONAL REPORT

- Cavum septum pellucidum is seen
- B/L periventricular glare noted
- B/L ventricles - (N)

Adv - F/U scan

Dr Anuj
(Radiologist)

Written by:

HOLY FAMILY HOSPITAL, NEW DELHI-110 025
PHONE 26845900-909, 26332800-09, Ext-251,254

20b

RADIOLOGY IMAGING NO. 20/ /2025

MR NO / IP NO	: 2418218 / 25025398	16/10/2025 12:51 PM
Name	: B/O. ANAMIKA TIWARI (IIND TWIN)	
Relative Name	: S/O.PRAVEEN	
Age / Sex	: 1 D /M	Mobile: 9910077534
Bed No	: 206 / 008 at NUR206 - SB	TPA / Org
Admitting Dr.	: Dr.YOGESH PARASHAR	

Dated : 17/10/2025

Head + Lost

PROVISIONAL REPORT

→ Persistent cavum septum pellucidum

→ B/L periventricular flare noted.
(likely physiological for gestational age. However, recommended follow up scan in 7-10 days to exclude evolving periventricular leukomalacia.

→ (N) ventricular system

→ (N) Caudothalamic groove

Written by:

Patient Name	: B/O. ANAMIKA TIWARI (IIND TWIN)	**Sample No.**	: 1309009
MR No / IP No	: 2418218 25025398	**Collected On**	: 01/11/2025 11.13 AM
Age/Sex	: 17 Days / Male	**Reported On**	: 03/11/2025 12.51 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	**Approved On**	03/11/2025 1.07 PM
Patient Type	: IP	**Bill No**	: 252315519
Bed No	: NUR206 / 206 / 008	**Specimen**	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
NEONATAL TSH SCREEN (NEO TSH)			
NEONATAL TSH, Dried Blood(ELISA)	1.8	µ IU/mL	

Interpretation : Normal : 0 - 10 IU/ml whole blood
Border Line : 10 - 20 IU/ml whole blood
Abnormal : > 20 IU/ml whole blood

(This is only screening test. The test is performed using Dried Blood Spot specimen by the ZENTECH Newborn Screening Assay -EIA)

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST

This is a computer generated report and validated electronically.

Patient Name	: B/O. ANAMIKA TIWARI (IIND TWIN)	Sample No.	: 1312955
MR No / IP No	: 2418218 25025398	Collected On	: 06/11/2025 5.14 AM
Age/Sex	: 22 Days / Male	Reported On	: 06/11/2025 6.33 AM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	06/11/2025 10.11 AM
Patient Type	: IP	Bill No	: 252321066
Bed No	: NUR206 / 206 / 008	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
ALKALINE P TASE-ALP			
ALKALINE PHOSPHATASE, Serum(PNPP AMP IFCC)	624 *	IU/L	91 - 375

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST

This is a computer generated report and validated electronically.

Patient Name	: B/O. ANAMIKA TIWARI (IIND TWIN)	Sample No.	: 1313269
MR No / IP No	: 2418218 25025398	Collected On	: 06/11/2025 11.01 AM
Age/Sex	: 22 Days / Male	Reported On	: 06/11/2025 1.49 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	06/11/2025 2.04 PM
Patient Type	: IP	Bill No	: 252321243
Bed No	: NUR206 / 206 / 008	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
VITAMIN D-25 HYDROXY			
Vit. D-25 Hydroxy, Serum(CLIA)	59.62 *	nmol/L	75 - 250

Interpretation : Deficiency ADULT < 50
INSUFFICIENCY ADULT 50 - 74
SUFFICIENCY ADULT 75 - 250

Comments
Vitamin D stimulates absorption of calcium and phosphates and mineralization of bones and teeth. Prolonged deficiency of vitamin D is associated with increased risk of bone disorders like Rickets in children and Osteomalacia and Osteoporosis in adults. It can also lead to Secondary hyperparathyroidism, Hypocalcemia and Tetany. Vitamin D status is best assessed by measurement of 25 hydroxy vitamin D, because it is the main circulating form of vitamin D(reflecting both dietary intake and sun exposure) and has a longer half-life (2 to 3 weeks) than 1,25 Dihydroxy vitamin D (4 to 6 hours).
Vitamin D metabolite concentration vary with age and are increased in pregnancy.
25(OH)D is influenced by exposure to sun light(which varies with geographic location, season, time of day, skin pigmentation, use of sunscreen etc.) dietary and supplemental intake, hepatic and renal function.
Determination of 25(OH)D may be useful in differentiating Hypocalcemia, Hypercalcemia or hypercalciuria and is the means for evaluation of vitamin D status in health and in bone and mineral disorders. Decreased levels can occur due to inadequate exposure to sunlight, dietary deficiency, malabsorption syndrome, following gastric and small bowel resection, severe hepatocellular disease, anticonvulsant drugs, nephrotic syndrome etc. Excessive vitamin D intake can lead to Vitamin D intoxication.

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST

This is a computer generated report and validated electronically.