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 PREETI
D.O.B- 13/08/2026
T.O.B- 10:57 PM
Day of Life : 5

TERM/38+2WKS/SGA/2.24KG/CRIEDAFTERSTIMULATION/PAH/RESPIRATORY DISTRESS ON BIRTH/TYPE C TEF/COAGULOPATHY/POC OF THOROCOTOMY WITH REPAIR TEF.

Respiratory Distress : Baby started on CPAP with PEEP 5 , Fio2 30 , which baby tolerated , but continued to have occasional signs of distress

TEF : on day of life 1 , Unable to pass NG Tube beyond 10-12cm , and increased Oral secretions , Chest x ray done with NG in place , which showed coiling of tube in the region of mediastinum , Paediatric surgery refferal given in suspicion of TEF dye study conducted bed side , shows blind pouch of esophagus, and presence of stomach bubble on x ray , which pointed towards Type c TEF , planned for elective surgery on day of life 2 , and required investigations sent and reports showed significant coagulopathy for which 2 units of FFP 15ml/kg given on two different occassions for which baby responded and Coagulopathy resolved and hence posted for surgical repair on 17/08/26(Day of life 4)(Procedure : THOROCOTOMY AND TEF REPAIR), baby withstood procedure well , right sided ICD Placed for watch for any leaks.

NUTRITION :

On Day of life 3 baby started on infusion aminoven at 3g/kg/day , and On day of life 4 started on lipid infusion 2g/kg/day
Currently Nil per mouth Till Further orders .

Ventilation :
Baby electively ventilated before the surgical procedure and post procedure kept on ventilator with settings of PIP15, PEEP5 , Fio2 30.

CURRENT TREATMENT :
IV Fluids
TPN as Mentioned above
IV Antibiotics
IV Analgesics
Supportive care.

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

Name	: B/O. PREETI		**Bill No.**	: 262240622	
/ IP No	: 2488980	/26020531	**Collected On**	15/08/2026	6.33 PM
ex	: 3 Days / Male		**Reported On**	: 15/08/2026	7.30 PM
Doctor	: Dr.VIBIN KUMAR VASUDEVAN		**Approved On**	: 16/08/2026	9.42 AM
d Details	: NUR206 / 206 / 002				

apt Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		4. Heparin Therapy. 5. Disseminated intravascular coagulation. 6. Liver Disease.			
5/08/2026	1537130	**PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)**			
		MEAN NORMAL PROTHROMBIN TIME	12.1	SECONDS	
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	24.0 *	SECONDS	10.69 - 13.45
		I N R (CALCULATED)	1.99 *		0.89 - 1.11
16/08/2026	1537384	**PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)**			
		MEAN NORMAL PROTHROMBIN TIME	12.1	SECONDS	
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	23.9 *	SECONDS	10.69 - 13.45
		I N R (CALCULATED)	1.98 *		0.89 - 1.11

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

16/08/2026	1537384	**APTT**			
		CONTROL PLASMA	30.7	SECONDS	
		APTT, CITRATE PLASMA (TURBIDIMETRIC)	52.2 *	SECONDS	25.3 - 36.1

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.

17/08/2026	1538023	**PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)**			
		MEAN NORMAL PROTHROMBIN TIME	12.1	SECONDS	

HOLY FAMILY HOSPITAL

Laboratory Services

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Email : pathology@holyfamilyhospitaldelhi.org Web : www.hfhdelhi.org

nt Name	: B/O. PREETI	Bill No.	: 262241651
No / IP No	: 2488980 /26020531	Collected On	17/08/2026 7.12 AM
/Sex	: 5 Days / Male	Reported On	: 17/08/2026 9.21 AM
f. Doctor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 17/08/2026 10.35 AM
ard Details	: NUR206 / 206 / 002		

ccept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	13.6 *	SECONDS	10.69 - 13.45
		I N R (CALCULATED)	1.13 *		0.89 - 1.11

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.

17/08/2026	1538023	**APTT**			
		CONTROL PLASMA	30.7	SECONDS	
		APTT, CITRATE PLASMA (TURBIDIMETRIC)	26.7	SECONDS	25.3 - 36.1

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.

LAB-CHEMISTRY2

14/08/2026	1535730	**CRP**			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	BELOW 0.02	mg/dL	0 - 0.5
15/08/2026	1536721	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	1.02	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

HOLY FAMILY HOSPITAL
Laboratory Services

Patient Name	: B/O PREETI	**Bill No.**	: 262239951
MR No / IP No	: 2488980 /26020531	**Collected On**	: 15/08/2026 1.28 AM
Age/Sex	: 3 Days / Male	**Reported On**	: 16/08/2026 3.15 PM
Ref. Doctor	: Dr VIBIN KUMAR VASUDEVAN	**Approved On**	: 16/08/2026 4.26 PM
Ward Details	: NUR206 / 206 / 002		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB- SEROLOGY			
15/08/2026	1536721	**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.

15/08/2026	1536721	**HCV RAPID**		
		ANTI HCV RAPID, SERUM (ICT)	NON REACTIVE	
		NOTE	All reactive samples should be confirmed by 4th generation ELISA and subsequently by PCR.	

Interpretation : 1. Hepatitis C virus (HCV) is recognized as the cause of most cases of post transfusion hepatitis. Laboratory testing for HCV infection usually begins by screening for the presence of HCV antibodies (anti HCV) in serum.
2. HCV antibodies are usually not detected during the first 2 months following infection and are almost always detectable by the late convalescent stage (>6 months after onset) of infection. These antibodies do not neutralize the virus, and they do not provide immunity against this viral infection. Loss of HCV antibodies may occur several years following resolution of infection.
3. A negative screening test result does not exclude the possibility of exposure to or infection with HCV. Negative screening results in individuals with prior exposure to HCV may be due to low antibody levels that are below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay. Patients with acute or recent HCV infections (<3 months from time of exposure) may have false negative HCV antibody test results due to the time needed for seroconversion (average of 8 to 9 weeks). Testing for HCV RNA is recommended for detection of HCV infection in such patients.
Source: Centers for Disease control and Prevention (CDC) (www.cdc.gov/hepatitis)

15/08/2026	1536721	**HBS AG RAPID**		
		HBSAG RAPID TEST , SERUM (ICT)	NON REACTIVE	
		NOTE	It is a rapid screening test for HBsAg. All reactive samples should be confirmed by 4th generation ELISA and subsequently by confirmatory test, if ELISA is positive.(ELISA is the preferred method for testing	

nt Name	: B/O. PREETI	Bill No.	: 262240244
do / IP No	: 2488980 /26020531	Collected On	: 15/08/2026 9.51 AM
/Sex	: 3 Days / Male	Reported On	: 15/08/2026 11.55 AM
f. Doctor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 15/08/2026 2.27 PM
ard Details	: NUR206 / 206 / 002		

ccept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		APTT, CITRATE PLASMA (TURBIDIMETRIC)	54.0 *	SECONDS	25.3 - 36.1
		REMARK	HEPARIN GIVEN		

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.

15/08/2026 1536944 **PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)**

MEAN NORMAL PROTHROMBIN TIME	12.1	SECONDS	
PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	35.3 *	SECONDS	10.69 - 13.45
I N R (CALCULATED)	2.92 *		0.89 - 1.11

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

15/08/2026 1537130 **APTT**

CONTROL PLASMA	30.7	SECONDS	
APTT, CITRATE PLASMA (TURBIDIMETRIC)	58.5 *	SECONDS	25.3 - 36.1
REMARK	HEPARIN GIVEN		

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

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ent Name	: B/O. PREETI	Bill No.	: 262239951
No / IP No	: 2488980 /26020531	Collected On	15/08/2026 1.28 AM
ge/Sex	: 3 Days / Male	Reported On	: 15/08/2026 2.16 AM
ef. Doctor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 15/08/2026 9.53 AM
Ward Details	: NUR206 / 206 / 002		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		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.			
15/08/2026	1536721	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	143	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.92	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	111.4 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	22.5 *	mEq/L	23 - 29
15/08/2026	1536721	**LIVER FUNCTION TEST (LFT), SERUM**			
		BILIRUBIN TOTAL (DPD)	4.31 *	mg/dL	0.3 - 1.2
		BILIRUBIN DIRECT (DPD)	0.57 *	mg/dL	0 - 0.2
		BILIRUBIN INDIRECT (CALCULATED)	3.74 *	mg/dL	0.2 - 1.0
		TOTAL PROTEIN (BIURET)	5.4 *	g/dL	6.4 - 8.3
		ALBUMIN (BROMOCRESOL GREEN)	3.4 *	g/dL	3.5 - 5.2
		GLOBULIN (CALCULATED)	2.0	g/dL	1.5 - 3.0
		A/G RATIO (CALCULATED)	1.7		1.5 - 2.5
		SGPT (ALT) (UV-KINETIC, IFCC WITHOUT P5P)	16	IU/L	1 - 45
		SGOT (AST) (UV-KINETIC, IFCC WITHOUT P5P)	82 *	IU/L	1 - 35
		ALKALINE PHOSPHATASE (PNPP AMP IFCC)	215	IU/L	77 - 265
16/08/2026	1537443	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	140	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.50	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	107.1 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	23.5	mEq/L	23 - 29
16/08/2026	1537443	**CALCIUM**			
		SERUM CALCIUM (ARSENAZO-III)	8.67	mg/dL	8.6 - 1

19/08/26

To,

One Life Organisation

Subject: - Request for Financial assistance.

This is to certify that **B/O Preeti** is admitted under Dr. Vibin Kumar with a diagnosis of CPAP which baby tolerated, but continued to have occasional sings of distress.

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

Yours sincerely

Kiran Verma

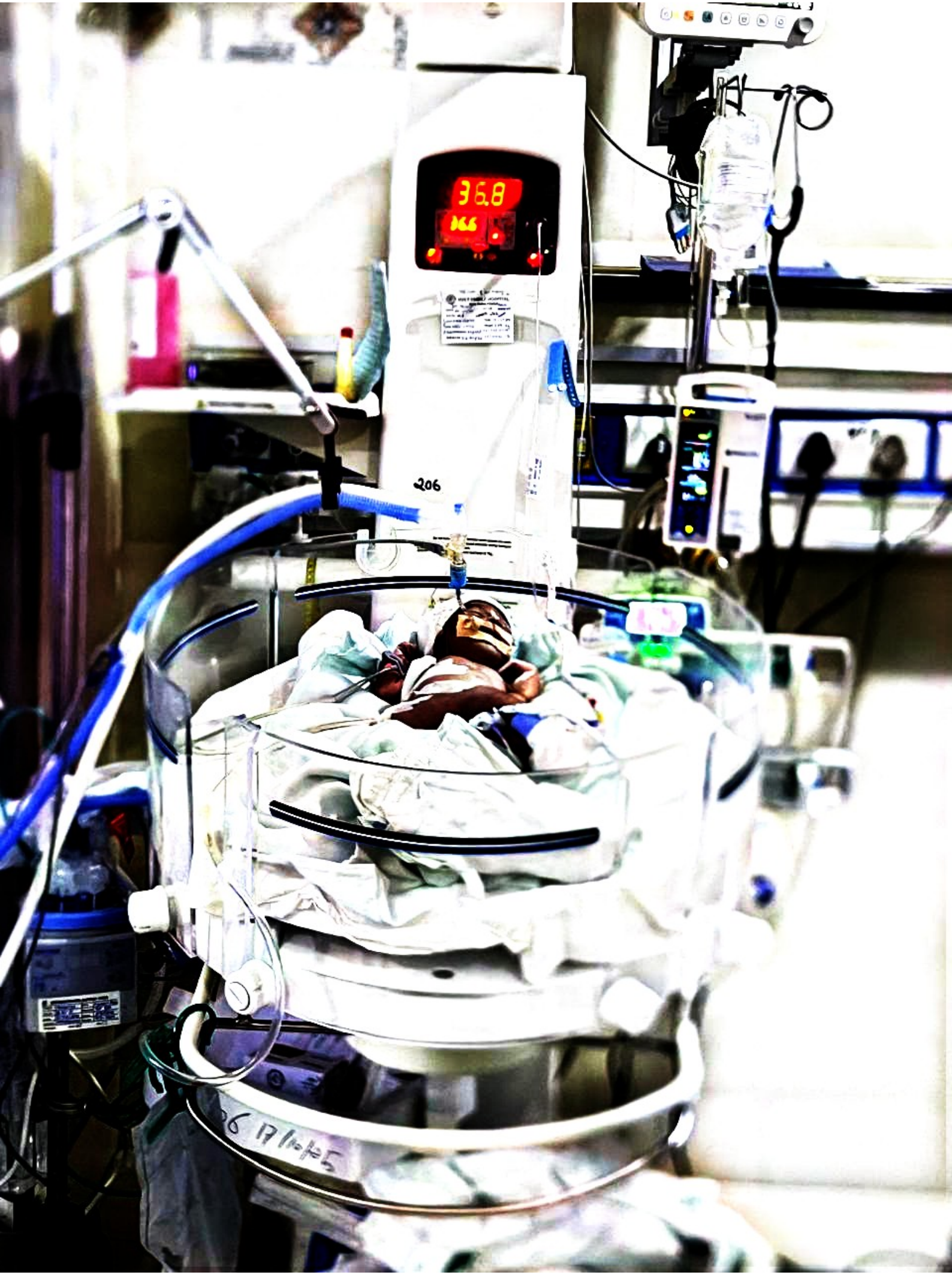
Senior Counsellor

Personal Development Department

Holy Family Hospital,

New Delhi - 110025

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025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