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

CASE SUMMARY

B/O - RESHMA EKKA
IP No- 25028655
DOB-22/11/2025
TOB- 12:48 AM

DATE-30/12/2025
DIAGNOSIS :- Extreme Pre-Term (26 weeks + 4 days) / ELBW (900gms) / AGA / Respiratory distress at Birth Surfactant received/ hsPDA (Paracetamol received) / Neonatal Jaundice / Anemia of Prematurity / Osteopenia of Prematurity / Hyponatremia

BIRTH HISTORY- Very Preterm (26 +4 w), born via preterm vaginal delivery. Baby cried immediately after birth, APGAR- 7/10 at 1 minute, 8/10 at 5 minute. However developed respiratory distress with silvermann anderson score of 5, for which was shifted to NICU

Respiratory distress at Birth

Surfactant received/ hsPDA (Paracetamol received) In view of respiratory distress at birth, baby was initially put on NIV support however respiratory distress did not settle, and required mechanical ventilation (requiring fio2-> 40 % and map >9). Initial Blood gas showed metabolic acidosis (ph-7.23/ pco2-43/lac-8.3/hco3- 16.9) With CXR- showing features of RDS. For which 1 dose of surfactant was given at hol-5 IV Antibiotics- Inj Piptaz and Inj Amikacin were added prophylactically, sepsis screen sent- reported negative, blood cultures- sterile. Gradually respiratory distress reduced, blood gas showed improvement, ventilatory support was gradually tapered.

HsPDA (Paracetamol received)
Trial of CPAP support was given however, baby had worsening of respiratory distress and desaturations, therefore was re-intubated and put on mechanical ventilator. In view of persistent requirement of ventilatory support, wide pulse pressures, and new onset pan systolic murmur, 2D Echo was done reported PDA (3mm left to right shunt). In view of clinically significant PDA, IV Paracetamol has been started. Repeat 2D echo showed resolution of PDA. Gradually ventilator settings were tapered which baby tolerated well hence was extubated on day of Life- 6 to NIV support and later to CPAP. Currently baby is on CPAP support (fiO22- 21%, PEEP- 6).

Anemia of Prematurity
In view of repeated desaturations Oral Capnea dose was hiked and all relevant investigations were sent reported- Anemia of Prematurity- received 1 PRBC transfusion and Tonoferon was added to the treatment regime.
For Osteopenia of Prematurity- Syp Osteocalcium was added to the treatment regime.
for Hyponatremia- 3% normal saline was added to each feeds. NNJ- Single surface photo therapy was given in view of SBR in phototherapy range as per AAP- 2022 guidelines. Feeds- Feeds were started which baby tolerated well hence gradually build up

Currently child is on CPAP support, 14ml 2 hourly feeds (EBM + HMF + OG feeds) with 3% normal saline, Oral Capnea (7.5mg/kg/day), Tonoferon drops, Visyneral z drops, Syp Ostocalcium, Nebulization with Budecort, Nasoclear nasal drops and Chest physiotherapy.

WEIGHT - 1.16 KG

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Patient Name	: B/O. RESHMA EKKA		**Bill No.**	: 252371976	
MR No / IP No	: 2426816	/25031522	**Collected On**	24/12/2025	11.00 AM
Age/Sex	: 1 Months 3 Days / Male		**Reported On**	: 24/12/2025	12.18 PM
Ref. Doctor	: Dr.SONA CHOWDHARY		**Approved On**	: 24/12/2025	12.26 PM
Ward Details	: NUR206 / 206 / 003				

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB-CHEMISTRY2			
24/12/2025	1349666	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	136	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	5.12 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	106.2	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	24.2	mEq/L	23 - 29
24/12/2025	1349666	**KFT (KIDNEY FUNCTION TEST)**			
		SERUM UREA (UREASE)	7 *	mg/dL	13 - 43
		SERUM CREATININE (MODIFIED JAFFE REACTION)	0.42 *	mg/dL	0.67 - 1.17
		SERUM URIC ACID (URICASE)	2.15 *	mg/dL	3.5 - 7.2

terpretation : 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.).

4/12/2025	1349666	**CALCIUM**			
		SERUM CALCIUM (ARSENAZO-III)	9.27	mg/dL	8.6 - 10.2
4/12/2025	1349666	**PHOSPHORUS**			
		SERUM PHOSPHORUS (PHOSPHOMOLYBDATE)	5.70	mg/dL	4.0 - 7.0

KIRTI PANWAR

CONSULTANT PATHO

is is a computer generated report and validated electronically.

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ient Name	: B/O. RESHMA EKKA		
R No / IP No	: 2426816 /25028655	Bill No.	: 252363749
e/Sex	: 25 Days / Male	Collected On	16/12/2025 12.42 PM
f. Doctor	: Dr.SONA CHOWDHARY	Reported On	: 16/12/2025 1.57 PM
rd Details	: NUR206 / 206 / 003***	Approved On	: 16/12/2025 3.02 PM

ept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		SAMPLE TYPE	EDTA, Whole Blood		
		Method : COLORIMETRIC			
2/2025	1343847	**RETIC COUNT**			
		RETICULOCYTE COUNT. (BRILLIANT CRESYL BLUE/MICROSCOPY)	1.6	%	1.51 - 2.55
		SAMPLE TYPE	EDTA, Whole Blood		
2/2025	1348084	**CBC (COMPLETE BLOOD COUNT)**			
		HEMOGLOBIN (PHOTOMETRIC)	7.8 *	g/dl	9.8 - 15.4
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	7.6	10/µL	5.0 - 19.5
		NEUTROPHIL (VCS/MICROSCOPY)	15.7	%	15 - 35
		LYMPHOCYTES. (VCS/MICROSCOPY)	59.7 *	%	43 - 53
		MONOCYTES (VCS/MICROSCOPY)	5.6	%	4 - 16
		EOSINOPHILS. (VCS/MICROSCOPY)	18.3 *	%	0 - 2
		BASOPHILS (VCS/MICROSCOPY)	0.7	%	0 - 1
		OTHERS	FEW REACTIVE LYMPHOCYTES SEEN	%	
		ABSOLUTE NEUTROPHIL COUNT	1.2	10/µL	1 - 9
		ABSOLUTE LYMPHOCYTE COUNT	4.6	10/µL	2 - 10
		ABSOLUTE MONOCYTE COUNT	0.0 *	10/µL	0.2 - 3.12
		ABSOLUTE EOSINOPHIL COUNT	1.3 *	10/µL	0 - 0.4
		ABSOLUTE BASOPHIL COUNT	0.0	10/µL	0 - 0.3
		ANISOCYTES	MILD		
		HYPOCHROMIA	MILD		
		MICROCYTES	MILD		
		POLYCHROMASIA	MILD		
		POIKILOCYTES	MILD		
		..	TARGET CELLS AND OCCASIONAL FRAGMENTED RBCs ARE SEEN.		
		RBC COUNT (ELECTRICAL IMPEDANCE)	2.90 *	10^6/µL	3.00 - 4.70
		PCV / HCT (CALCULATED)	23.1 *	%	29.2 - 45.2

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Patient Name	: B/O. RESHMA EKKA	Bill No.	: 252358041
MR No / IP No	: 2426816 /25028655	Collected On	10/12/2025 9.20 PM
Age/Sex	: 19 Days / Male	Reported On	: 11/12/2025 1.55 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 11/12/2025 4.43 PM
Ward Details	: NUR206 / 206 / 003***		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB-BACTERIOLGOY MISC			
10/12/2025	1339554	**KOH preparation -Smear for Fungus**			
		SPECIMEN	URINE		
		FINDINGS	No fungal elements seen.		
		Method : KOH mount and Microscopy.			
		LAB-BLOOD BANK TEST			
22/11/2025	1325750	**BLOOD GROUP, ABO AND RH TYPING**			
		GROUP (ABO) (TUBE/MICROWELL)	A		
		TYPE (RH) (TUBE/MICROWELL)	POSITIVE		
		LAB-CHEMISTRY1			
27/11/2025	1329534	**PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)**			
		MEAN NORMAL PROTHROMBIN TIME	11.7	SECONDS	
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	14.4 *	SECONDS	9.8 - 13.6
		I N R (CALCULATED)	1.23 *		0.84 - 1.16

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.

27/11/2025	1329534	**APTT**			
		CONTROL PLASMA	30.4	SECONDS	
		APTT, CITRATE PLASMA (TURBIDIMETRIC)	104.5 *	SECONDS	26.2 - 34.6
		REMARK	HEPARIN ON FLOW		

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).

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Patient Name	: B/O. RESHMA EKKA	Bill No.	: 252351588
MR No / IP No	: 2426816 /25028655	Collected On	: 04/12/2025 2.36 PM
Age/Sex	: 13 Days / Male	Reported On	: 04/12/2025 3.19 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 04/12/2025 3.49 PM
Ward Details	: NUR206 / 206 / 003***		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	108.0 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	24.7	mEq/L	23 - 29
04/12/2025	1334870	**KFT (KIDNEY FUNCTION TEST)**			
		SERUM UREA (UREASE)	16	mg/dL	13 - 43
		SERUM CREATININE (MODIFIED JAFFE REACTION)	0.72	mg/dL	0.67 - 1.17
		SERUM URIC ACID (URICASE)	1.60 *	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.).

10/12/2025	1339256	**CRP**			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	0.02	mg/dL	0 - 0.5
10/12/2025	1339256	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	135 *	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	5.83 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	101.6	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	32.5 *	mEq/L	23 - 29
12/2025	1339256	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	0.61 *	mg/dL	0.67 - 1.17

pretation : *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

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Patient Name	: B/O. RESHMA EKKA	**Bill No.**	: 252348635
MR No / IP No	: 2426816 /25028655	**Collected On**	01/12/2025 7.24 PM
Age/Sex	: 10 Days / Male	**Reported On**	: 01/12/2025 7.58 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	**Approved On**	: 02/12/2025 7.47 AM
Ward Details	: NUR206 / 206 / 003***		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		Method : COLORIMETRIC			
10/12/2025	1339232	**CBC (COMPLETE BLOOD COUNT)**			
		HEMOGLOBIN (PHOTOMETRIC)	11.0	g/dl	9.8 - 15.4
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	11.0	$10^3/\mu L$	5.0 - 19.5
		NEUTROPHIL (VCS/MICROSCOPY)	38.3 *	%	15 - 35
		LYMPHOCYTES. (VCS/MICROSCOPY)	48.0	%	43 - 53
		MONOCYTES (VCS/MICROSCOPY)	7.4	%	4 - 16
		EOSINOPHILS. (VCS/MICROSCOPY)	5.9 *	%	0 - 2
		BASOPHILS (VCS/MICROSCOPY)	0.4	%	0 - 1
		ABSOLUTE NEUTROPHIL COUNT	4.2	$10^3/\mu L$	1 - 9
		ABSOLUTE LYMPHOCYTE COUNT	5.3	$10^3/\mu L$	2 - 10
		ABSOLUTE MONOCYTE COUNT	0.8	$10^3/\mu L$	0.2 - 3.12
		ABSOLUTE EOSINOPHIL COUNT	0.6 *	$10^3/\mu L$	0 - 0.4
		ABSOLUTE BASOPHIL COUNT	0.1	$10^3/\mu L$	0 - 0.3
		POLYCHROMASIA	MILD		
		..	PREDOMINANTLY NORMOCYTIC NORMOCHROMIC		
		RBC COUNT (ELECTRICAL IMPEDANCE)	3.98	$10^6/\mu L$	3.00 - 4.70
		PCV / HCT (CALCULATED)	33.6	%	29.2 - 45.2
		MCV (DERIVED)	84.4 *	fl	89.5 - 101.3
		MCH (CALCULATED)	27.7 *	pg	30.7 - 35.0
		MCHC (CALCULATED)	32.9 *	g/dl	33.2 - 35.8
		RDW (DERIVED/CALCULATED)	16.5 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	272	$10^3/\mu L$	200 - 500
		SAMPLE TYPE	EDTA, Whole Blood		
6/12/2025	1343847	**HB (HEMOGLOBIN)**			
		HEMOGLOBIN (PHOTOMETRIC)	9.3 *	g/dl	9.8 - 15.4

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Name	: B/O. RESHMA EKKA	Bill No.	: 252344085
o / IP No	: 2426816 /25028655	Collected On	27/11/2025 11.59 AM
Sex	: 6 Days / Male	Reported On	: 27/11/2025 1.55 PM
f. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 27/11/2025 2.25 PM
ard Details	: NUR206 / 206 / 003***		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.

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

24/11/2025	1326908	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	145	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.59	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	113.7 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	23.7	mEq/L	23 - 29
24/11/2025	1326908	**UREA**			
		SERUM UREA (UREASE)	45 *	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.

24/11/2025	1326908	**CREATININE**			
		SERUM CREATININE (MODIFIED JAFFE REACTION)	0.83	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 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.

24/11/2025	1326908	**LIVER FUNCTION TEST (LFT), SERUM**			
		BILIRUBIN TOTAL ,SERUM (DPD)	5.06 *	mg/dL	0.3 - 1.2
		BILIRUBIN DIRECT ,SERUM (DPD)	0.89 *	mg/dL	0 - 0.2
		BILIRUBIN INDIRECT,	4.17 *	mg/dL	0.2 - 1.0