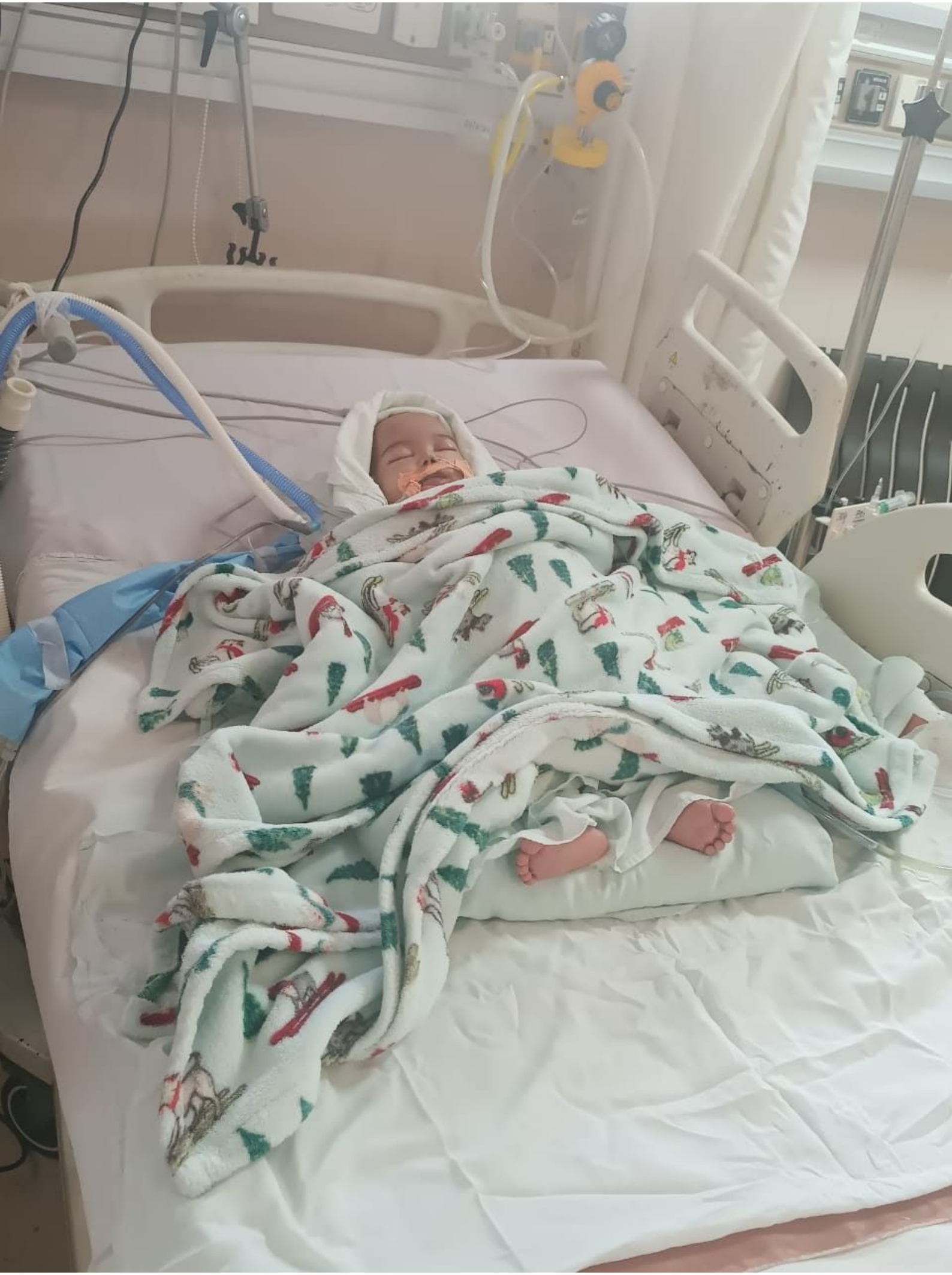

HOLY FAMILY HOSPITAL
Okhla Road, New Delhi-110025
Phone : 011-35034000, 44020000
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CASE SUMMARY

CASE SUMMARY

Name : B/O JYOTI KUMARI
Age/ Sex : 4 months 25 days / Female
IPD No. : 26017858
DOA : 17/07/2026

Chief Complaints : 4 months 25 days old female child presented with c/o fever (low grade ~99°F) followed by cough & cold since 2 days wet coughing not associated with fast breathing . Parents noticed decreased activity with poor feeding since today . Patient presented to OPD with above mentioned complaints. Child was noticed to have peri-oral cyanosis and spo2-70 % on room air. No H/O sweating while feeding/ suck rest suck cycle.

On Examination : Temp 37.5 C , HR : 170/Min , RR : 40/min , Spo2- 70 % on room air.
CVS : S1S2 heard, no murmur
RS : BAE +, clear
PA : soft + , spleen palpable
CNS : Sick looking /Conscious / Irritable.

Patient was admitted in PICU with above mentioned complaints . All the required investigations sent. Initial blood gas – ph-7.40, pco2-40, hco3-24.8, lactate-2.0. Chest xray reported right sided diffuse hazy lung field. CBC reported Hb-13.3, TLC-17.5 (n-57.0), crp -1.56. Child was started on non invasive mode of ventilation (FIO2-40%, peep- 9cm, pip-15) and IV MONOCEF, INJ AZITHROMYCIN and SYP TAMIFLU. In view of high FIO2 requirements, chest auscultation-normal , repeat chest xray was done, s/o b/l diffuse hazy lung fields. Workup was sent, keeping in mind differntial diagnosis of covid, PCP pneumonia. INJ SEPTRAN was added. Over the course of hospital stay, respiratory distress and Fio2 requirement increased and child was intubated at DOH-4. Antibiotics were upgraded to INJ VANCOMYCIN, INJ PIPTAZ. INJ METHYLPREDNISOLONE was added to the treatment regime. Chest xray s/o ARDS (current OI- 11) and was managed as per unit protocol. Child developed abdominal distension at DOH-4 and was kept NPO. Abdomen xray s/o paralytic ileus. Serum electrolytes reported normal.On DOH-6, Functional 2D ECHO showed collapsed IVC with mild septal dysfunction and clinically child had poor perfusion ,she was started on inj milirinone and inj noradr with inj albumin transfusion. Perfusion improved in next 24 hours and slowly in next 36 hours noradr tapered with continued mechanical ventilation in alternate supine and prone postion. Her PCR for PCP pneumonia is reported positive and plan to sent tracheal secreation for cytology. Clinically, Fio2 requrement have decreased to 60-65% but still requires continued mechanical ventilation. Child will require antibiotics for 14-21 days.
COVID RT-PCR reported negative.
PC-134 reported positive for rhinovirus.
PCR for PCP pneumonia is reported positive

ient Name	: B/O. JYOTI KUMARI	Bill No.	: 262214242
No / IP No	: 2447134 /26017658	Collected On	: 23/07/2026 7.59 AM
/Sex	: 5 Months 1 Days / Female	Reported On	: 23/07/2026 9.10 AM
. Doctor	: Dr.DINESH RAJ	Approved On	: 23/07/2026 9.19 AM
rd Details	: IPCU / 304 / 001		

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

pretation : 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 anticoaguiants.
2. Liver disease.
3. Vitamin K deficiency.
4. Disseminated intravascular coagulation.
5. Inherited deficiency of factors in extrinsic and common pathway.

/2026	1515895	**APTT**			
		CONTROL PLASMA	30.7	SECONDS	
		APTT, CITRATE PLASMA (TURBIDIMETRIC)	32.6	SECONDS	25.3 - 36.1

pretation : 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

/2026	1511182	**CRP**			
		C REACTIVE PROTEIN (CRP), SERUM (IMMUNOTURBIDIMETRIC)	1.56 *	mg/dL	0 - 0.5
/2026	1511182	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	138	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.96	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	104.9	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	24.3	mEq/L	23 - 29
/2026	1511182	**LIVER FUNCTION TEST (LFT), SERUM**			
		BILIRUBIN TOTAL (DPD)	0.93	mg/dL	0.3 - 1.2

Name	: B/O. JYOTI KUMARI	Bill No.	: 262215335
o / IP No	: 2447134 /26017858	Collected On	24/07/2026 5.49 AM
/Sex	: 5 Months 2 Days / Female	Reported On	: 24/07/2026 6.37 AM
Ref. Doctor	: Dr.DINESH RAJ	Approved On	: 24/07/2026 8.04 AM
Ward Details	: IPCU / 304 / 001		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		(PHOTOMETRIC)			
		SAMPLE TYPE	EDTA, Whole Blood		
		Method : COLORIMETRIC			
		LAB-MIC-BLOOD CULTURE			
17/07/2026	1511182	**CULTURE- BLOOD -RAPID**			
		ORGANISM CULTURED	NO GROWTH IN 48 HRS.		
20/07/2026	1513694	**CULTURE- BLOOD -RAPID**			
		ORGANISM CULTURED	NO GROWTH IN 48 HRS.		
		Method : Conventional / Automated			
Interpretation :		1. Clean hands are guardians of health, remember to wash your hands!			
		LAB-SPECIAL CHEMISTRY			
20/07/2026	1513694	**FERRITIN**			
		FERRITIN , SERUM (CLIA)	94.5	ng/mL	11 - 306.8
Interpretation :		Ferritin levels below 10 ng/ml have been reported as indicative of iron deficiency anemia. Serum Ferritin values are elevated in the presence of the following conditions such as inflammation, significant tissue destruction, liver disease, malignancies such as acute leukemia and Hodgkin's disease and therapy with iron supplements.			
		LAB:CULTURE ROUTINE			
21/07/2026	1513884	**CULTURE AND SENSITIVITY - ET/TT ASPIRATE**			
		ORGANISM CULTURED	NO GROWTH		
		Method : Conventional / Automated			
Interpretation :		1. Clean hands are guardians of health, remember to wash your hands!			

NAVNEETA MISHRA
CONSULTANT BIOCHEMIST

SUDESH GOURAV
ATTENDING CONSULTANT

MONICA RAJPAL
SENIOR CONSULTANT PATHOLOGIST

ADITI
CONSULTANT MICROBIOLOGIST

KIRTI PANWAR
CONSULTANT PATHOLOGIST

This is a computer generated report and validated electronically.

HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : 011-26944000, 44072000
Email : pathology@holyfamilyhospitaldelhi.org Web : www.hfdelhi.org

: B/O. JYOTI KUMARI	Bill No.	: 26221424/2	
: 2447134 /26017858	Collected On	: 23/07/2026	7.59 AM
: 5 Months 1 Days / Female	Reported On	: 23/07/2026	10.09 AM
: Dr.DINESH RAJ	Approved On	: 23/07/2026	11.05 AM
: IPCU / 304 / 001			

Sample No	Test Name	Result	Units	Bio.Ref.
1315695	**CBC (COMPLETE BLOOD COUNT)**			
	HEMOGLOBIN (PHOTOMETRIC)	8.6 *	g/dl	10.0 - 14.1
	TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	8.4	$10^3/\mu L$	6.0 - 17.5
	NEUTROPHIL (VCS/MICROSCOPY)	38.4 *	%	13 - 33
	LYMPHOCYTES. (VCS/MICROSCOPY)	53.6	%	41 - 71
	MONOCYTES (VCS/MICROSCOPY)	7.7	%	4 - 14
	EOSINOPHILS. (VCS/MICROSCOPY)	0.1	%	0 - 3
	BASOPHILS (VCS/MICROSCOPY)	0.2	%	0 - 1
	ABSOLUTE NEUTROPHIL COUNT	3.2	$10^3/\mu L$	1 - 8
	ABSOLUTE LYMPHOCYTE COUNT	4.5	$10^3/\mu L$	2 - 12
	ABSOLUTE MONOCYTE COUNT	0.6	$10^3/\mu L$	0.2 - 2.45
	ABSOLUTE EOSINOPHIL COUNT	0.0	$10^3/\mu L$	0 - 0.52
	ABSOLUTE BASOPHIL COUNT	0.0	$10^3/\mu L$	0 - 0.3
	ANISOCYTES	MILD		
	HYPOCHROMIA	MILD		
	MICROCYTES	MILD		
	POLYCHROMASIA	MILD		
	RBC COUNT (ELECTRICAL IMPEDANCE)	3.53	$10^6/\mu L$	2.98 - 4.68
	PCV / HCT (CALCULATED)	26.9 *	%	27.8 - 40.8
	MCV (DERIVED)	76.3	fl	74.2 - 96.9
	MCH (CALCULATED)	24.3	pg	23.8 - 32.0
	MCHC (CALCULATED)	31.9	g/dl	31.6 - 36.0
	RDW (DERIVED/CALCULATED)	19.7 *	%	11.6 - 14.0
	PLATELET COUNT (ELECTRICAL IMPEDANCE)	200	$10^3/\mu L$	200 - 550
	REMARKS	PLATELETS ARE ADEQUATE IN NUMBER AS SEEN ON SMEAR.		
	SAMPLE TYPE	EDTA, Whole Blood		
516704	**HB (HEMOGLOBIN)**			
	HEMOGLOBIN	10.0	g/dl	10.0 - 14.1

HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : [illegible]
Email : pathology@holyfamilyhospitaldelhi.org Web : www.holyfamily.org

ient Name	: B/O. JYOTI KUMARI	Bill No.	: 262210859
No / IP No	: 2447134 /26017858	Collected On	: 20/07/2026 4.51 PM
e/Sex	: 4 Months 28 Days / Female	Reported On	: 21/07/2026 4.08 PM
. Doctor	: Dr DINESH RAJ	Approved On	: 21/07/2026 4.55 PM
rd Details	: IPCU / 304 / 001		

ept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB- SEROLOGY			
7/2026	1513694	**HIV ELISA**			
		HIV 1&2 AB & P24 AG (COMBO), SERUM (ELISA)	NON REACTIVE		
		INDEX VALUE	0.24	Index	

pretation : Result (Index) Remarks

< 0.90 - Non Reactive

>= 0.90 to < 0.99 - Equivocal

>= 1.0 - Reactive

NOTE
1. Reactive test result indicates antibody detected against HIV 1/2, or presence of P24 antigen.
2. Non Reactive test result indicates an absent P 24 and also that antibody is not detected against HIV 1/2.
3. Indeterminate test result indicates antibody to HIV 1/2 has been detected in the sample by two of three methods.
4. For indeterminate result, repeat testing after 2-4 weeks and confirmatory test like RT PCR or western blot is recommended.
5. False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary
cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
6. False negative results may occur during the window period and during the end stage of the disease.

		LAB-BACTERIOLGOY MISC			
7/2026	1513884	**GRAM STAIN**			
		SPECIMEN	ET SECRETION		
		FINDINGS:	Polymorphs: >25/LPF Squamous epithelial cells: 0-1/LPF No microorganisms seen.		
		Method : Gram Stain and Microscopy			
		LAB-CHEMISTRY1			
7/2026	1515895	**PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)**			
		MEAN NORMAL PROTHROMBIN TIME	12.1	SECONDS	
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	14.1 *	SECONDS	10.69 - 13.45
		I N R (CALCULATED)	1.17 *		0.89 - 1.11

Currently child is on MV-PRVC mode (FIO2-60%, PEEP-9cm/ TV-40 / RR-50/ I:E- 1:2), maintaining saturation (90-94%), P mean- 15cm

Hemodynamically stable. (BP-87/50 mmhg)

Current Medication
INJ VANCOMYCIN
INJ SEPTRAN
INJ PIPTAZ
INJ METHYLPREDNISOLONE
INJ FENTANYL
INJ MIDAZOLAM
INJ MILRINONE
NG FEEDS
TAB LASILACTONE

Parents have been explained further treatment options and want to take second opinion for the same.

DIAGNOSIS- SEVERE LOWER RESPIRATORY TRACT INFECTION (RHINOVIRUS AND PNEUMOCYCTIS JIROVECII POSOTIVE) WITH SEVERE ACUTE RESPIRATORY DISTRESS SYNDROME

for

DR. DINESH RAJ
Senior Consultant , Pediatrics Dept,
Holy Fmaily hospital,
Okhla, New delhi.

DR. VIBIN KUMAR VASUDEVAN
ICU CONSULTANT
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HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

Phone : 011-44020000, 011-35034000

E-mail : administration@hfhdelhi.org

website : www.hfhdelhi.org

24th July 2026

To,

ONE LIFE ORGANISATION

Sub: Request for financial assistance

This is to certify that B/O Jyoti Kumari (IPD No. 26017858) 4 months 25days old female child presented with fever, cough and cold since 2 days. Patient was admitted in PICU, all the required investigations sent. Over the course of hospital stay, respiratory distress and Fio2 requirement increased and child was intubated at DOH-4. Her PCR for PCP pneumonia is reported positive and plan to send tracheal secretion for cytology. Clinically,Fio2 requirement have decreased to 60-65% but still requires continued mechanical ventilation. Child will require antibiotics for 14-21 days. Diagnosis: - Sever Lower respiratory tract Infection (Rhinovirus and Pneumocystis Jirovecii positive) with Sever Acute Respiratory Distress Syndrome.

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

Sr. Elsy Thomas

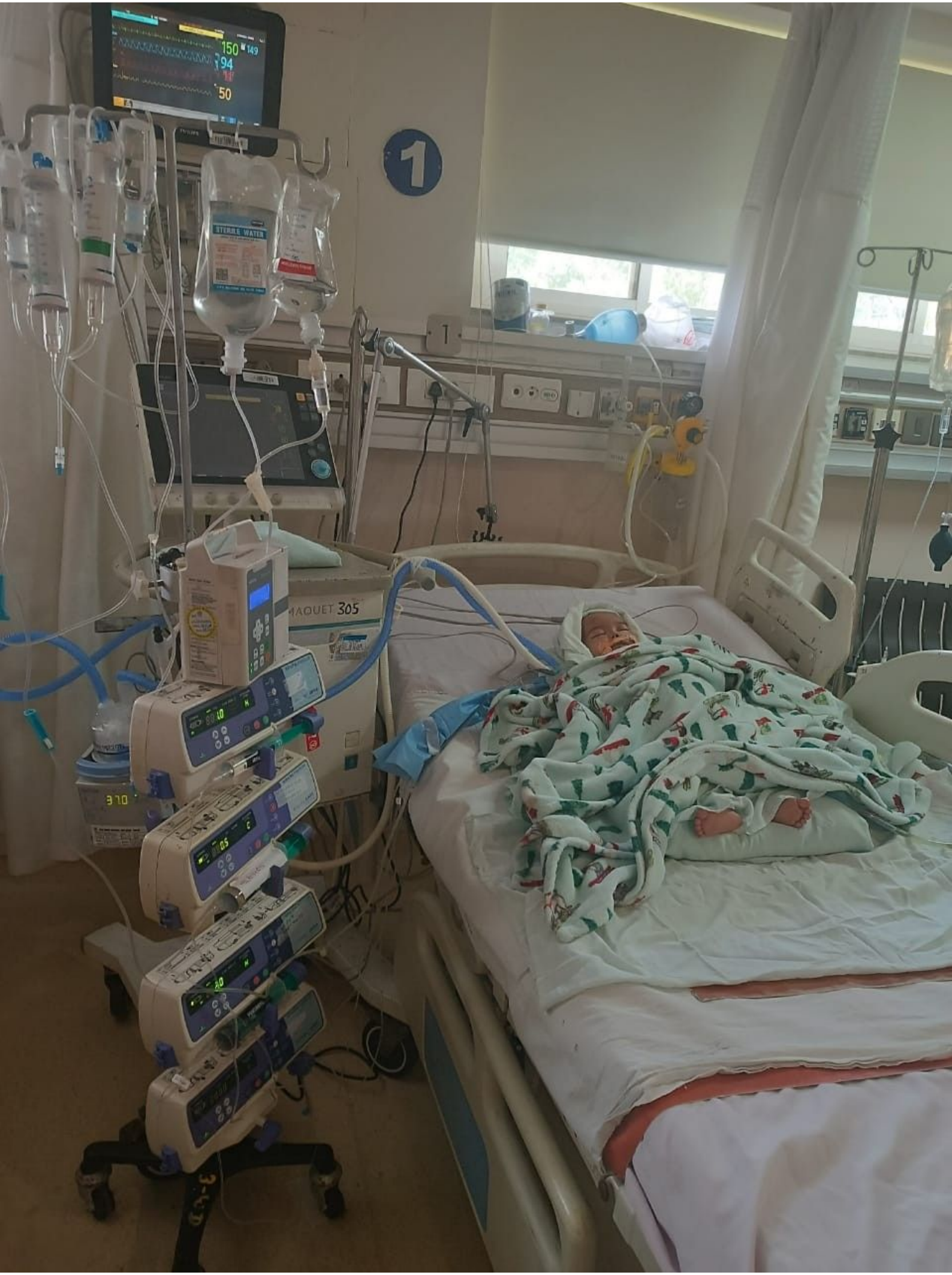
PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

Sr. Elsy Thomas

Personal Development Department

Holy Family Hospital

New Delhi- 110 025


150
149
94
50
STERILE WATER
MAQUET 305