





CASE SUMMARY

NAME-dDEBOJIT

AGE-2 YEAR / 9 MONTH MALE

IP NO-26026866

MR NO-2507034

DATE-21/10/26

2 Year 9 month old male child presented to HFH emergency with history of cough and cold, fever since 2 days, presented to Holy Family in active seizures.

In view status epilepticus, multiple AED introduced and was shifted to IPCU and kept on midazolam infusion.

In view status epilepticus, poor GCS, However child continued to have seizure, therefore emergency intubation was done and was put on fentanyl, dexmed and midazolam infusion.

On day-2, respiratory support requirement increased, midazolam infusion gradually tapered. Neuroconsultation done and stop valproate and add phenytoin and EEG performed s/o focal seizure.

Plan to taper Midazolam infusion in view of seizure free interval since last 24 hours.

On day-3, i/v/o decrease respiratory setting and after meeting extubation criteria, child was extubated and put on oxygen via nasal prongs. After extubation child had dyskinetic movement and added PACLANE and TETRABENAZINE .P

Diagnosis- Severe GDD / SAM/ status epilepticus/ Dyskinetic movement/ Focal seizure/ Dystonia

Dr. [Signature]
[Signature]



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Laboratory Services

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



Patient Name	: Master. DEBOJIT	Bill No.	: 262315691
MR No / IP No	: 2507034 /26026866	Collected On	: 18/10/2026 4.33 PM
Age/Sex	: 2 Years 9 Months 3 Days / Male	Reported On	: 18/10/2026 5.57 PM
Ref. Doctor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 19/10/2026 9.08 AM
Ward Details	: IPCU / 304 / 007		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		TOTAL PROTEIN (BIURET)	7.0	g/dL	6.4 - 8.3
		ALBUMIN (BROMOCRESOL GREEN)	3.8	g/dL	3.5 - 5.2
		GLOBULIN (CALCULATED)	3.2 *	g/dL	1.5 - 3.0
		A/G RATIO (CALCULATED)	1.2 *		1.5 - 2.5
		SGPT (ALT) (UV-KINETIC, IFCC WITHOUT P5P)	68 *	IU/L	1 - 45
		SGOT (AST) (UV-KINETIC, IFCC WITHOUT P5P)	148 *	IU/L	1 - 35
		ALKALINE PHOSPHATASE (PNPP AMP IFCC)	244	IU/L	129 - 291

18/10/2026 1595042

UREA

SERUM UREA
(UREASE(GLDH))

55 *

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.

18/10/2026 1595042

CREATININE

SERUM CREATININE
(MODIFIED JAFFE
REACTION)

0.47 *

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.

18/10/2026 1595042

ELECTROLYTES

SODIUM , SERUM/PLASMA
(ISE INDIRECT)

152 *

mEq/L

136 - 145

POTASSIUM , SERUM (ISE
INDIRECT)

5.07

mEq/L

3.5 - 5.1

CHLORIDE,
SERUM/PLASMA (ISE
INDIRECT)

120.2 *

mEq/L

98 - 107

BICARBONATE, SERUM/
PLASMA (ENZYMATIC,
PEPC, MD)

21.1 *

mEq/L

23 - 29

REMARK

RESULT RECHECKED



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



Patient Name : Master. DEBOJIT Bill No. : 262317300
MR No / IP No : 2507034 /26026866 Collected On : 20/10/2026 6.10 AM
Age/Sex : 2 Years 9 Months 5 Days / Male Reported On : 20/10/2026 6.58 AM
Ref. Doctor : Dr.VIBIN KUMAR VASUDEVAN Approved On : 20/10/2026 10.29 AM
Ward Details : IPCU / 304 / 007

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
21/10/2026	1596669	PLASMA (ENZYMATIC, PEPC, MD) ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	136	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.82	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	105.7	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	26.9	mEq/L	23 - 29
18/10/2026	1595042	LAB-HEMATOLOGY CBC (COMPLETE BLOOD COUNT)			
		HEMOGLOBIN (PHOTOMETRIC)	11.7	g/dl	10.2 - 13.7
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	8.0	10 ³ /μL	5.5 - 15.5
		NEUTROPHIL (VCS/MICROSCOPY)	67.7 *	%	23 - 45
		LYMPHOCYTES. (VCS/MICROSCOPY)	23.1 *	%	35 - 65
		MONOCYTES (VCS/MICROSCOPY)	9.0	%	4 - 10
		EOSINOPHILS. (VCS/MICROSCOPY)	0.0	%	0 - 3
		BASOPHILS (VCS/MICROSCOPY)	0.2	%	0 - 1
		ABSOLUTE NEUTROPHIL COUNT	5.4	10 ³ /μL	1.5 - 8.5
		ABSOLUTE LYMPHOCYTE COUNT	1.9 *	10 ³ /μL	2 - 10
		ABSOLUTE MONOCYTE COUNT	0.7	10 ³ /μL	0.2 - 1.5
		ABSOLUTE EOSINOPHIL COUNT	0.0	10 ³ /μL	0 - 0.46
		ABSOLUTE BASOPHIL COUNT	0.0	10 ³ /μL	0 - 0.3
		RBC COUNT (ELECTRICAL IMPEDANCE)	4.73	10 ⁶ /μL	3.34 - 5.41
		PCV / HCT (CALCULATED)	35.6	%	27.4 - 40.3
		MCV (DERIVED)	75.3	fl	68.1 - 87.8
		MCH (CALCULATED)	24.7	pg	20.3 - 29.8
		MCHC (CALCULATED)	32.8	g/dl	30.3 - 35.6
		RDW (DERIVED/CALCULATED)	16.3 *	%	11.6 - 14.0



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Patient Name	: Master. DEBOJIT	Bill No.	: 262315922
MR No / IP No	: 2507034 /26026866	Collected On	: 19/10/2026 1.32 AM
Age/Sex	: 2 Years 9 Months 4 Days / Male	Reported On	: 19/10/2026 2.44 AM
Ref. Doctor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 19/10/2026 9.19 AM
Ward Details	: IPCU / 304 / 007		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
19/10/2026	1595236	PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)			
		MEAN NORMAL	11.5	SECONDS	
		PROTHROMBIN TIME			
		PT VALUE, CITRATE	14.5 *	SECONDS	10.58 - 12.46
		PLASMA (TURBIDIMETRIC)			
		I N R (CALCULATED)	1.26 *		0.92 - 1.08

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.

19/10/2026	1595236	APTT			
		CONTROL PLASMA	30.7	SECONDS	
		APTT, CITRATE PLASMA	23.8 *	SECONDS	25.3 - 36.1
		(TURBIDIMETRIC)			

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

18/10/2026	1595042	CRP			
		C REACTIVE PROTEIN	27.49 *	mg/dL	0 - 0.5
		(CRP), SERUM			
		(IMMUNOTURBIDIMETRIC)			
18/10/2026	1595042	LIVER FUNCTION TEST (LFT), SERUM			
		BILIRUBIN TOTAL (DPD)	0.39	mg/dL	0.3 - 1.2
		BILIRUBIN DIRECT (DPD)	0.06	mg/dL	0 - 0.2
		BILIRUBIN INDIRECT	0.33	mg/dL	0.2 - 1.0
		(CALCULATED)			



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MR No / IP No : 2507034 /26026866
Age/Sex : 2 Years 9 Months 3 Days / Male
Ref. Doctor : Dr.VIBIN KUMAR VASUDEVAN
Ward Details : IPCU / 304 / 007

Bill No. : 262315691
Collected On : 18/10/2026 4.33 PM
Reported On : 18/10/2026 5.57 PM
Approved On : 19/10/2026 9.08 AM

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
18/10/2026	1595042	CALCIUM			
		SERUM CALCIUM (ARSENATO-III)	8.94	mg/dL	8.6 - 10.2
18/10/2026	1595042	MAGNESIUM -SERUM			
		SERUM MAGNESIUM (XYLIDYL BLUE)	2.23 *	mEq/L	1.3 - 2.14
19/10/2026	1595236	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	150 *	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.80	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	120.8 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	21.8 *	mEq/L	23 - 29
19/10/2026	1595484	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	146 *	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.56	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	117.2 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	21.3 *	mEq/L	23 - 29
19/10/2026	1595925	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	142	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.24	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	113.1 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	20.4 *	mEq/L	23 - 29
20/10/2026	1596184	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	139	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	4.05	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	109.2 *	mEq/L	98 - 107
		BICARBONATE, SERUM/	21.8 *	mEq/L	23 - 29



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Patient Name	: Master. DEBOJIT	Bill No.	: 262317381
MR No / IP No	: 2507034 /26026866	Collected On	20/10/2026 9.43 AM
Age/Sex	: 2 Years 9 Months 5 Days / Male	Reported On	: 20/10/2026 10.50 AM
Ref. Doctor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 20/10/2026 11.35 AM
Ward Details	: IPCU / 304 / 007		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
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LAB-CHEMISTRY2

20/10/2026 1596255

AMMONIA BLOOD*

AMMONIA, PLASMA
(ENZYMATIC, GLDH)

34.12

μmol/L

21 - 50

NAVNEETA MISHRA

CONSULTANT BIOCHEMIST



HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

Phone : 011-44020000, 011-35034000

E-mail : administration@hfhdelhi.org

website : www.hfhdelhi.org



JK 5014-0108
February 05, 2017 to January 25, 2017
Next January 25, 2017

21st October 2026

To,

ONE LIFE ORGANISATION

Sub: Request for financial assistance

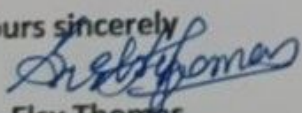
This is to certify that Mater. Debojit (IPD No. 26026866) 2 year 9 month old male child presented to HFH emergency with history of cough and cold, fever since 2 days, presented to holy family in active seizures. In view status epilepticus, multiple AED introduced and was shifted to IPUC and kept on midazolam infusion. In view status epilepticus, poor GCS, However child continued to have seizure, therefore emergency intubation was done and was put on fentanyl, dexmed and midazolam infusion.

On doh-2, respiratory support requirement increased midazolam infusions gradually hike. Neuro consultation done and stop valproate and add phenytoin and EEG performed s/o focal seizure. Plan to taper MID azolam infusion in view of seizure free interval since last 24 hours.

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 - 1100 25

Personal Development Department

Holy Family Hospital New Delhi- 110 025