HOLY FAMILY HOSPITAL

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CASE SUMMARY

IP No	:26017250	**DOA & TOA**	:10/07/2026 05.50 pm
MRNO	:2479908	**DOD**	:13/07/2026
Name	:Master. SHRIYANSH	**Patient Type**	:Hospital
Age/Sex	:0 Y 11 M 23 D/Male	**Doctor Name**	:Dr. SONA CHOWDHARY
Bed/Room	:002 /304	**Type of Discharge**	:Normal Discharge
		Co Consultant	:

DIAGNOSIS :-

HERPES MENINGOENCEPHALITIS WITH SEIZURES

CHIEF COMPLAINTS & REASON FOR ADMISSION :-

FEVER FOR 7 DAYS
ABNORAML BODY MOVEMENT X 5 DAYS

CLINICAL HISTORY / PROCEDURE :-

CHILD WAS APPARENTLY ASYMPTOMATIC 7 DAYS BACK WHEN HE ASTED HAVING FEVER WHICH WAS HIGH GRADE UNCOCUMEND AND NOT RESPNDING TO PCM. HE HAS 1 EPISODE OD RIGHT SIDED FOCAL SEIZURE 5 DAYS BACK WHICH PROGRESSED TO GEN. TONIC POSTURING, UPROLLING OF EYE BALLS AND FROTHING FROM MOUTH SLIGHTLY AT 4 AM , DURATION -30 SECS.ON 7/7/26,AT 3:30PM - AGAIN HAD PERSISTENT SEIZURE AND WAS TAKEN TO SHRADDHA CLINIC WHERE GIVEN INJ MIDAZF/B INJ EPSOLINAND INJ CA GLUCONATE. POST ICTAL DROWSINESS PRESENT HENCE WAS REFERRED TO HIGHER CENTRE. CHILD WAS TAKEN TO MAX HOSPITAL WHERE LP, MRI MRAIN AND CT HEAD DONE. PCR POSITIVE HERPES SIMPLEX VIRUS. DIAGNOSIS OF HERPES MENINGOENCEPHALITIS WITH SEIZURES WAS MADE. HE HAD PERSINTING SEIZURES HENCE REQUIRE MIDAZ INFUSION BUT PARENTS TOOK LAMA AND BROUGHT HIM TO HFH.

OUTSIDE REPORTS-
CT HEAD/BRAIN- PLAIN DONE ON 08.07.2026
IMPRESSION- CT FINDINGS REVEAL HYPODENSE AREA IN LEFT TEMPORAL BONE

MRI BRAIN EPILEPSY PROTOCOL DONE ON 09.07.2026
IMPRESSION- MRI STUDY REVEALS ALTERED GYRAL SIGNAL WITH DIFFUSION RESTRICTION INVOLVING BOTH FRONTOTEMPORAL AND PERINSULAR REGIONS POSSIBILITY FOR ENCEPHALITIS MRI FOR BETTER EVALUATION
LABS SHOWED - HB-9.2 , TLC-7.2 , PLT-196 , CRP-13.4 , NA-139 , K+-3.1 , SGOT/SGPT-218.85.
LUMBAR PUNCTURE DONE CSF - TLC-15(LYMPHOCYTIC) PROTEIN-27.7 , SUGAR-53 .
MENINGOENCEPHALITIS PANEL- HERPES SIMPLEX-1

PAST & PERSONAL HISTORY :

Early term / LSCS / AGA / Birth Weight - kg
Full Term / NVD / AGA / Birth Weight - kg
Immunization Apt date according to NIS.
No H/O TB contact, asthma or drug allergy.
No H/O previous hospitalization.

EXAMINATION AT ADMISSION :-

GC - Average/Sick

Temp - 38.5°C/F
RR -32 /min
HR - 160/min
SPO2 -99 % on Room Air
Euhydrated
Peripheral pulses - Well palpable

P-/ I-/ Cy- / Cl - /L- /E-

MR NO / IP NO	: 2479908 / 26017250	10/07/2026 05:50 PM	
Name	: Master. SHRIYANSH		
Relative Name	: S/O.RAJIVE		
Age / Sex	: 11 M 23 D /M	Mobile: 8010499661	
Bed No	: 304 / 002 at PICU - NSH	Cash / Hospital	
Admitting Dr.	: Dr.SONA CHOWDHARY		
Co Consultant	:		

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Age/Sex	:0 Y 11 M 23 D/Male	**Doctor Name**	:Dr. SONA CHOWDHARY
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		Co Consultant	:

S/E :
CVS - S1S2+, no murmur
CNS- POSTURING PRESENT
Respi- B/L AE (+), clear
P/A - Soft, non tender, BS (+), no HSM

OPERATION / PROCEURE NOTES :-

N/A

HOSPITAL COURSE & TREATMENT :-

Child was admitted with above mentioned complaints. CHILD INITIALLY EVALUATED IN EMERGENCY AND THEN SHIFTED TO PEDIATRIC ICU FOR FURTHER MANAGEMENT AND CARE. CHILD WAS DIAGNOSED WITH ACUTE HERPES MENINGOENCEPHALITIS WITH SEIZURES WAS MADE AND TREATMENT WAS STARTED WITH INJ EMESET, INJ PANTOP, INJ MIDAZ,INJ ACYCLOVIR INJ CEFTRIAXONE, LEVITERACETAM, FOSPENYTOIN AND OTHER SYMPTOMATIC MANAGEMENT . CHILD HAD DETERIOTING GCS AND PERSISTING SEIZURES HENCE ELECTIVE INTUBATION DONE AND CHILD STARTED ON IV FENTANYL INFUSION AND INJ MIDAZ INFUSION. INJ 3%NS INFUSION STARTED FOR CEREBRAL EDEMA.
CHILD IN CRITICAL CONDITION WITH LIVER DYSFUNCTION AND COAGULOPATHY.

MEDICATION DURING HOSPITAL STAY :-

As above mentioned.

CONDITION AT DISCHARGE :-

WHEN AND HOW TO OBTAIN URGENT CASE :-

Danger signs:

-High grade fever
-Persistent loose stools
-Poor oral intake
-Persistent vomiting
-Difficulty in breathing
-Drowsiness
-Decreased urine output

OTHER INVESTIGATIONS :-

Hb : g/dlWBC: 10^3/µLPLT : 10^3/µLNa+ : mEq/LK+ : mEq/LCRP : mg/dlSGOT: IU/LSGPT: IU/LALP: IU/LD.BIL: mg/dl T.BIL: mg/dl BUN: mg/dl CREATININE: mg/dl MALARIA PARASITE: F - negative V - negativeURINE R/M: RBC: WBC: Epithelial Cells:
Dengue IgM: negative Dengue IgG: negative Dengue NS1 Ag: negative REST ATTACHED

PRECAUTIONS ADVISED :-

DIET ADVISED :-

PATIENT WAS REFFERE TO :-

Patient Name	: Master. SHRIYANSH	Sample No.	: 1506988
MR No / IP No	: 2479908 26017250	Collected On	: 12/07/2026 4.26 PM
Age/Sex	: 11 Months 25 Days / Male	Reported On	: 12/07/2026 10.46 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 13/07/2026 9.16 AM
Patient Type	: IP	Bill No	: 262202894
SF	: IPCU / 304 / 002	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interv
HCV RAPID			
ANTI HCV RAPID, Serum(ICT)	NON REACTIVE		
NOTE	All reactive samples should be confirmed by 4th generation ELISA a 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)

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

Dr. SUDESH GOURAV
MD, MICROBIOLOGY
ATTENDING CONSULTANT

This is a computer generated report and validated electronically.

ame	: Master. SHRIYANSH		Sample No.	: 1507213	
? No	: 2479908	26017250	Collected On	: 13/07/2026	6.36 AM
	: 11 Months 26 Days / Male		Reported On	: 13/07/2026	6.55 AM
or	: Dr.SONA CHOWDHARY		Approved On	13/07/2026	9.18 AM
pe	: IP		Bill No	: 262203178	
	: IPCU / 304 / 002		Specimen	: BLOOD	

	Result	Units	Bio.Ref.Interval
OMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)			
RMAL PROTHROMBIN	12.1	SECONDS	
Citrate	10.9	SECONDS	10.69 - 13.45
RBIDIMETRIC)			
CULATED)	0.90		0.89 - 1.11

ion : 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.

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

CA RAJPAL
OLOGY
CONSULTANT PATHOLOGIST

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t Name	Result	Units	Bio.Ref.Interval
V RAPID			
' RAPID TEST , um(Immunofiltration)	NON REACTIVE		

rpretation : 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.

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

, SUDESH GOURAV
), MICROBIOLOGY
TENDING CONSULTANT

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MR No / IP No	: 2479908 26017250	Collected On	: 13/07/2026 6.36 A
Age/Sex	: 11 Months 26 Days / Male	Reported On	: 13/07/2026 7.18 A
Ref. Doctor	: Dr.SONA CHOWDHARY	Approved On	13/07/2026 10.47
Patient Type	: IP	Bill No	: 262203178
Bed No	: IPCU / 304 / 002	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Inter
ELECTROLYTES			
ELECTROLYTES_SERUM			
SODIUM , Serum/Plasma(ISE INDIRECT)	149 *	mEq/L	136 - 145
POTASSIUM , Serum(ISE INDIRECT)	3.24 *	mEq/L	3.5 - 5.1
CHLORIDE, Serum/Plasma(ISE INDIRECT)	122.3 *	mEq/L	98 - 107
BICARBONATE, Serum/ Plasma(ENZYMATIC, PEPC, MD)	21.9 *	mEq/L	23 - 29

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

Dr. NAVNEETA MISHRA

MD, BIOCHEMISTRY

CONSULTANT BIOCHEMIST

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Printed By : 9063 **Printed On :** 13/07/2026 12.37 PM

ent Name	: Master. SHRIYANSH		Sample No.	: 1506988
No / IP No	: 2479908	26017250	Collected On	: 12/07/2026 4:26 PM
/Sex	: 11 Months 26 Days / Male		Reported On	: 12/07/2026 6:42 PM
Doctor	: Dr.SONA CHOWDHARY		Approved On	: 13/07/2026 9:34 AM
ont Type	: IP		Bill No	: 262202894
No	: IPCU / 304 / 002		Specimen	: BLOOD

Name	Result	Units	Bio.Ref.Interv
: (COMPLETE BLOOD COUNT)			
oglobin(Photometric)	7.9 *	g/dl	10.1 - 13.6
Leucocyte Count(Electrical dance)	8.6	$10^3/\mu L$	6.0 - 17.0
ophil(VCS/Microscopy)	37.2 *	%	15 - 35
hocytes.(VCS/Microscopy)	50.6	%	45 - 76
cytes(VCS/Microscopy)	5.8	%	4 - 12
ophils.(VCS/Microscopy)	2.0	%	0 - 3
phils(VCS/Microscopy)	0.4	%	0 - 1
ophil-Band(VCS/Microscopy)	4.0	%	0 - 11
lute Leucocyte Count (Microscopy/ Calculated)			
ute Neutrophil Count	3.5	$10^3/\mu L$	1 - 8
ute Lymphocyte Count	4.3	$10^3/\mu L$	3 - 13
ute Monocyte Count	0.5	$10^3/\mu L$	0.2 - 2.04
ute Eosinophil Count	0.2	$10^3/\mu L$	0 - 0.51
ute Basophil Count	0.0	$10^3/\mu L$	0 - 0.3
Count(Electrical Impedance)	3.13 *	10^6/µL	3.65 - 5.
HCT(Calculated)	23.3 *	%	28.4 - 4
ndices			
Derived)	74.5	fl	68.2 - 8
Calculated)	25.2	pg	19.4 -
(Calculated)	33.8	g/dl	30.2 -
Derived/Calculated)	23.1 *	%	11.6 -
ELET COUNT			
t Count(Electrical Impedance)	190 *	$10^3/\mu L$	200 -
RKS	PLATELETS ARE ADEQUATE IN NUMBER AS SEEN ON SMEAR.		
LE TYPE	EDTA, Whole Blood		

Printed On : 13/07/2026 12.37 PM

d By : 9063

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Test Name	Result	Units	Bio.Ref.Interval
CREATININE			
Serum Creatinine(Modified Jaffe Reaction)	0.43 *	mg/dL	0.67 - 1.17

nterpretation : 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.

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST

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HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025
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E-mail : administration@hfhdelhi.org
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13th July 2026

To,

ONE LIFE ORGANISATION

Sub: Request for financial assistance

This is to certify that Master Shriyansh (IPD No. 26017250). Child was diagnosed with Acute Herpes Meningoencephalitis with seizures was made and treatment was started with injs and other symptomatic management. Child had deterioting GCS and persisting seizures hence elective intubation done and child started on IV fentanyl infusion and inj midaz infusion. Inj 3%ns infusion started for Cerebral Edema. Child is in Critical condition with Liver Dysfunction and Coagulopathy.

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 - 110 025

Sr. Elsy Thomas
Personal Development Department
Holy Family Hospital
New Delhi- 110 025


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