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

CASE SUMMARY

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Chief complaint
FEVER X 15 DAYS
PAIN ABDOMEN X 10 DAYS (ON OFF)
BREATHING DIFFICULTY X 2 DAYS

Child was apparently well 15 days ago when developed fever (103f) , acute onset, a/w chills, relieved on medication to reoccur. later developed yellowish discolouration of sclera with outside typhi dot+ve for which she took treatment from a local pediatrician - cefixime in enteric dose.
child became afebrile for 5 days, however fever reoccured from 25/8/26, high grade, documented 104f, a/w chills a/w pain abdomen. Later developed difficulty in breathing since 2 days which increased since today morning after which baby was referred to hfh for further evaluation and management.

Child was admitted with above mentioned complaints. All relevant investigations were done. Hb : 4.8 g/dl WBC: 28.1 X $10^3/\mu L$ PLT : 495 X$10^3/\mu L$, CRP : 42.92 mg/dl. Chest Xray reported normal study. Child was started on HFNC support, IV fluids, INJ PIPTAZ, INJ VANCOMYCIN and supportive care. 1 unit PRBC transfusion was done, which the child tolerated well.
Workup for scrub typhus, leptospira sent reported negative.
Over the course of hospital stay, respiratory distress increased and was upgraded to NIV support. Repeat chest xray reported hazy right lung.
In view of persistent fever spikes, PCT -13.75, ESR-120, 2D ECHO reported normal. USG W/A reported partially liquefied liver abscess -130 cc in segment 7 of liver with mild reactionary pleural effusion in view of which INJ METROGYL was added to the treatment.
Repeat S.albumin reported 1.7 in view of which INJ ALBUMIN was given which the child tolerated well.Repeat cbc, reported improving trend.
Over the course of stay, respiratory distress improved and NIV settings were gradually tapered and shifted to O2 via nasal prongs.

Plan- Interventional radiology consulattion to be done for USG guided aspiration.

Dr Sona Chowdhray
Senior consultant
Pediatrics
Holy family hospital

Dr Vibin kumar vasudevan
ICU specialist
Pediatrics
Holy family hospital

DMC 112269

HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : 011-35034000, 44020000
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Name	: Miss. AMAL	Bill No.	: 262260090
/ IP No	: 2493661 /26022207	Collected On	01/09/2026 11.09 AM
/Sex	: 2 Years 10 Months 17 Days / Female	Reported On	: 01/09/2026 1.37 PM
f. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 01/09/2026 3.29 PM
Ward Details	: IPCU / 304 / 006		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		HYPOCHROMIA	MILD		
		MICROCYTES	MILD		
		POLYCHROMASIA	MODERATE		
		POIKILOCYTES	MODERATE		
		..	02 NRBCs / 100 WBCs		
		RBC COUNT (ELECTRICAL IMPEDANCE)	3.36 *	10^6/µL	3.65 - 5.34
		PCV / HCT (CALCULATED)	23.1 *	%	28.3 - 40.9
		MCV (DERIVED)	68.7	fl	67.8 - 88.6
		MCH (CALCULATED)	20.9	pg	19.5 - 29.9
		MCHC (CALCULATED)	30.4	g/dl	29.6 - 35.4
		RDW (DERIVED/CALCULATED)	36.7 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	362	10/µL	200 - 490
		SAMPLE TYPE	EDTA, Whole Blood		
01/09/2026	1552933	**ERYTHROCYTE SEDIMENTATION RATE(ESR)**			
		ESR, WHOLE BLOOD (MODIFIED WESTERGREN MANUAL METHOD)	120 *	mm/hr	0 - 10
		Method : westergren			
02/09/2026	1554288	**CBC (COMPLETE BLOOD COUNT)**			
		HEMOGLOBIN (PHOTOMETRIC)	7.6 *	g/dl	10.3 - 13.7
		TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	31.0 *	10^3/µL	5.5 - 15.5
		NEUTROPHIL (VCS/MICROSCOPY)	61.2 *	%	23 - 45
		LYMPHOCYTES. (VCS/MICROSCOPY)	22.2 *	%	35 - 65
		MONOCYTES (VCS/MICROSCOPY)	3.9 *	%	4 - 10
		EOSINOPHILS. (VCS/MICROSCOPY)	0.2	%	0 - 3
		BASOPHILS (VCS/MICROSCOPY)	0.5	%	0 - 1
		NEUTROPHIL-BAND (VCS/MICROSCOPY)	11.0	%	0 - 11
		MYELOCYTES (VCS/MICROSCOPY)	1.0	%	
		OTHERS	NEUTROPHILS SHOWS TOXIC GRANULATION	%	

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Name	: Miss. AMAL	Bill No.	: 262261554
/ IP No	: 2493661 /26022207	Collected On	02/09/2026 4.04 PM
Sex	: 2 Years 10 Months 18 Days / Female	Reported On	: 02/09/2026 4.59 PM
Doctor	: Dr.SONA CHOWDHARY	Approved On	: 03/09/2026 8.05 AM
d Details	: IPCU / 304 / 006		

pt Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		ABSOLUTE NEUTROPHIL COUNT	22.7 *	$10^3/\mu L$	1.5 - 8.5
		ABSOLUTE LYMPHOCYTE COUNT	6.9	$10^3/\mu L$	2 - 10
		ABSOLUTE MONOCYTE COUNT	1.2	$10^3/\mu L$	0.2 - 1.5
		ABSOLUTE EOSINOPHIL COUNT	0.1	$10^3/\mu L$	0 - 0.46
		ABSOLUTE BASOPHIL COUNT	0.2	$10^3/\mu L$	0 - 0.3
		ANISOCYTES	MODERATE		
		POLYCHROMASIA	MODERATE		
		..	01 NRBCs / 100 WBCs		
		RBC COUNT (ELECTRICAL IMPEDANCE)	3.60 *	10^6/µL	3.65 - 5.34
		PCV / HCT (CALCULATED)	25.3 *	%	28.3 - 40.9
		MCV (DERIVED)	70.4	fl	67.8 - 88.6
		MCH (CALCULATED)	21.0	pg	19.5 - 29.9
		MCHC (CALCULATED)	29.9	g/dl	29.6 - 35.4
		RDW (DERIVED/CALCULATED)	36.0 *	%	11.6 - 14.0
		PLATELET COUNT (ELECTRICAL IMPEDANCE)	383	$10^3/\mu L$	200 - 490
		SAMPLE TYPE	EDTA, Whole Blood		
		LAB-MIC-BLOOD CULTURE			
2026	1551130	**CULTURE- BLOOD -RAPID**			
		ORGANISM CULTURED	NO GROWTH IN 48 HRS.		
		Method : Conventional / Automated			
etation :		1. Clean hands are guardians of health, remember to wash your hands!			
		LAB-SPECIAL CHEMISTRY			
2026	1552891	**FERRITIN**			
		FERRITIN , SERUM (CLIA)	141.0	ng/mL	11 - 306.8
etation :		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.			
026	1554288	**VITAMIN D-25 HYDROXY**			
		VIT. D-25 HYDROXY, SERUM (CLIA)	BELOW 10.5	nmol/L	75 - 250
		REMARKS	RESULT RECHECKED		

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Name	: Miss. AMAL	Bill No.	: 262258326
o / IP No	: 2493661 /26022207	Collected On	30/08/2026 11.55 PM
/Sex	: 2 Years 10 Months 15 Days / Female	Reported On	: 01/09/2026 1.55 PM
of. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 03/09/2026 1.16 PM
Ward Details	: IPCU / 304 / 006		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		(DERIVED/CALCULATED)			
		NOTE	The above screen test does not rule out alpha-thalassemia, normal HbA2 beta-thalassemia and Hb variants that elute with similar RT values. Done on Bio-Rad Variant II analyser		
		SAMPLE TYPE	EDTA, Whole Blood		

Method : HB HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

KIRTI PANWAR
CONSULTANT PATHOLOGIST

SUDESH GOURAV
ATTENDING CONSULTANT

ADITI
CONSULTANT MICROBIOLOGIST

NAVNEETA MISHRA
CONSULTANT BIOCHEMIST

MONICA RAJPAL
SENIOR CONSULTANT PATHOLOGIST

This is a computer generated report and validated electronically.

Name	: Miss. AMAL	Bill No.	: 262261554
/ IP No	: 2493661 /26022207	Collected On	02/09/2026 4.04 PM
Sex	: 2 Years 10 Months 18 Days / Female	Reported On	: 03/09/2026 11.37 AM
f. Doctor	: Dr.SONA CHOWDHARY	Approved On	: 03/09/2026 12.01 PM
Ward Details	: IPCU / 304 / 006		

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

Interpretation : Deficiency ADULT < 50
INSUFFICIENCY ADULT 50 - 74
SUFFICIENCY ADULT 75 - 250

Comments
Vitamin D stimulates absorption of calcium and phosphates and mineralization of bones and teeth. Prolonged deficiency of vitamin D is associated with increased risk of bone disorders like Rickets in children and Osteomalacia and Osteoporosis in adults. It can also lead to Secondary hyperparathyroidism, Hypocalcemia and Tetany. Vitamin D status is best assessed by measurement of 25 hydroxy vitamin D, because it is the main circulating form of vitamin D(reflecting both dietary intake and sun exposure) and has a longer half-life (2 to 3 weeks) than 1,25 Dihydroxy vitamin D (4 to 6 hours).
Vitamin D metabolite concentration vary with age and are increased in pregnancy.
25(OH)D is influenced by exposure to sun light(which varies with geographic location, season, time of day, skin pigmentation, use of sunscreen etc.) dietary and supplemental intake, hepatic and renal function.
Determination of 25(OH)D may be useful in differentiating Hypocalcemia, Hypercalcemia or hypercalciuria and is the means for evaluation of vitamin D status in health and in bone and mineral disorders. Decreased levels can occur due to inadequate exposure to sunlight, dietary deficiency, malabsorption syndrome, following gastric and small bowel resection, severe hepatocellular disease, anticonvulsant drugs, nephrotic syndrome etc. Excessive vitamin D intake can lead to Vitamin D intoxication.

LAB-SPECIAL HEMATOLOGY

30/08/2026 1551187 **HB HPLC/ ION-EXCHANGE CHROMATOGRAPHY**

HB F	0.7	%	0 - 1.0
PEAK 2	3.0	%	
PEAK 3	4.6	%	0.0 - 6.0
HB ADULT	87.8	%	85.0 - 95.0
HB A2	3.0	%	1.5 - 3.5
OTHERS (NON SPECIFIC)	0.9	%	
SUGGESTIVE INTERPRETATION	Suggestive of absence of beta thalassaemia trait and absence of common abnormal hemoglobins. Kindly repeat HPLC after correction of anemia.		
RED CELL INDICES	:		
HEMOGLOBIN (PHOTOMETRIC)	4.8 *	g/dl	10.3 - 13.7
RBC COUNT (ELECTRICAL IMPEDANCE)	2.93 *	10^6/µL	3.65 - 5.34
PCV / HCT (CALCULATED)	16.9 *	%	28.3 - 40.9
MCV (DERIVED)	57.7 *	fl	67.8 - 88.6
MCH (CALCULATED)	16.5 *	pg	19.5 - 29.9
RDW	25.2 *	%	11.6 - 14.0

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Patient Name	: Miss. AMAL	**Bill No.**	: 262260090
MR No / IP No	: 2493661 /26022207	**Collected On**	01/09/2026 11.09 AM
Age/Sex	: 2 Years 10 Months 17 Days / Female	**Reported On**	: 01/09/2026 2.22 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	**Approved On**	: 01/09/2026 4.14 PM
Ward Details	: IPCU / 304 / 006		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB-CHEMISTRY1			
01/09/2026	1552891	**PLASMA FIBRINOGEN**			
		PLASMA FIBRINOGEN, CITRATE PLASMA (CLAUSS TECHNIQUE)	744 *	mg/dL	200 - 400
		Method : Clauss Technique			
		LAB-HEMATOLOGY			
31/08/2026	1551225	**MDW**			
		MDW	68.50		
		SAMPLE TYPE	EDTA, Whole Blood		

KIRTI PANWAR
CONSULTANT PATHOLOGIST

MONICA RAJPAL
SENIOR CONSULTANT PATHOLOGIST

HOLY FAMILY HOSPITAL

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website : www.hfhdelhi.org

H-2014-0208
February 09, 2023 to January 22, 2027
Since January 23, 2014

05.09.2026

To,

ONE LIFE ORGANIZATION

Sub: Request for financial assistance

This is to certify that Miss. Amal, 2 Years and 10 Month (IPD No. 26022207). Child was apparently well 15 days ago when developed fever (103f), acute onset, a/w chills, relieved on medication to reoccur. Later developed yellowish discolouration of sclera with outside typhi dot+ve for which she took treatment from a local paediatrician – cefixime in enteric dose. All relevant investigations were done. Hb: 4.8 g/dl WBC: 28.1 X 10/ uL PLT: 495X 10/uL, CRP: 42.92 mg/dl. Chest Xray reported normal study. Child was started on HFNC support, IV fluids, INJ PIPTAZ, INJ VANCOMYCIN and supportive care. 1 unit PRBC transfusion was done, which the child tolerated well. Over the course of stay, respiratory distress improved and NIV setting were gradually tapered and shifted to O2 via nasal prongs. Plan- Interventional radiology consultation to be done for USG guided aspiration. Child is now in Paediatric ICU.

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 Department

Holy Family Hospital

New Delhi- 110 025

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025