





CASE SUMMARY

Name- B/O Sheetal

IPD number- 26025384

Date of admission- 02/10/2026

DIAGNOSIS- LATE ONSET NEONATAL SEPSIS (CSF-ENTEROCOCCUS FAECIUM) WITH RIGHT THALAMIC AND BILATERAL INTRAVENTRICULAR HEMORRHAGE WITH HYDROCEPHALUS WITH POST EVD INSERTION

28 days old male child presented with complaints of fever a/w loose stools and poor feeding since 1 day. At presentation, child was in a state of shock with poor peripheral pulses and cold peripheries. IV bolus correction was given and shifted to NICU. Initial blood gas s/o metabolic acidosis with respiratory compensation. Child was started on IV fluid correction plus maintenance and IV MEROPENEM, IV TEICOPLANIN and HFNC support. Initial sepsis screen sent, reported Hb-10.6, TLC-36.2, PLT-305, CRP-18.56. Lumbar puncture done to rule out meningitis, reported WBC-108, sugar-207. IV antibiotics changed to meropenem, vancomycin in meningitic dose.

Child looked pale in view of which counts were repeated, Hb falling trend -7.6, plt-80,000. Over the course of stay, sensorium worsened with increased tone in all limbs, in view of which child was intubated and started on mechanical ventilator on DOH-3 and started on Inj Phenobarbitone, Inj Levera.

Csf c/s reported **enterococcus faecium**.

USG Cranium reported **b/l grade 4 germinal matrix hemorrhage**. Repeat Hb -5.6, 1 unit **PRBC** transfused, PLT-18,000 – 1 unit **RDP** transfused and 1 unit **FFP** transfused.

Pediatric neurology and neurosurgery consultation done, advised NCCT head, reported CT findings are consistent with a grade-IV germinal matrix hemorrhage

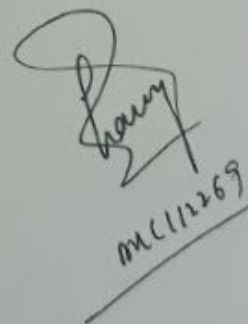
with diffuse cerebral edema and mild hydrocephalus.
Parents counselled regarding need for EVD. EVD in situ. Slight improvement in sensorium noticed after drainage. Child is currently on mechanical ventilation support with EVD in situ, maintaining saturation and hemodynamically stable. Parents have been explained regarding the prognosis.
PLAN- To repeat MRI after 1 week.

Currently on
INJ PIPTAZ
INJ VANCOMYCIN
INJ LINEZOLID
INJ VITAMIN K
INJ LEVERA
INJ PHENOBARBITONE

Previous hospital stay-

Child was admitted from (25/9/26-1/1/26) when he developed fever tmax 101f 8hourly spikes (afebrile : 3days) a/w lethargy and poor feeding he was admitted in max hospital received hfnc support (tapered over last 3ays) with iv meropenem / iv amikacin. outside csf: tlc 35, rbc 2880, neutrophils 10%, 190%, glucose 51, protein 63.9 . All relevant investigations were done showed hb : 12.9 g/dl, wbc: $12.5 \times 10^3/\mu\text{l}$, plt : $200 \times 10^3/\mu\text{l}$, crp : 13.39 mg/dl. in view of clinical sepsis iv meropenem, iv amikacin were started for a total of 7days. usg wa reported normal. outside csf reported sterile. blood culture reported sterile. usg cranium showed left choroid plexus cyst. as general condition of child improved child was shifted to ward. oae reported normal. during the course of stay fever resolved with improved activity of child.

DR VIBIN KUMAR VASUDEVAN
PEDIATRIC INTENSIVIST
HOLY FAMILY HOSPITAL
NEW DELHI



mc11269



HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : 011-35034000, 44020000
Email : pathology@holyfamilyhospitaldelhi.org Web : www.hfhdelhi.org



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Name	: Master. B/O SHEETAL	Bill No.	: 262301413
IP No	: 2501304 /26025384	Collected On	: 06/10/2026 11.41 AM
Sex	: 1 Months 2 Days / Male	Reported On	: 06/10/2026 11.42 AM
Doctor	: Dr.VIBIN KUMAR VASUDEVAN	Approved On	: 06/10/2026 4.13 PM
Ref Details	: 305PED / 305 / 008		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		RH FACTOR	POSITIVE		

RH FACTOR
POSITIVE
SAMPLE TYPE
Whole Blood
Method : Sample type: Whole Blood

LAB-CHEMISTRY1

05/10/2026 1584178

PROTHROMBIN TIME (PT)/INTERNATIONAL NORMALIZED RATIO(INR)

MEAN NORMAL 11.5 SECONDS
PROTHROMBIN TIME
PT VALUE, CITRATE 18.2 * SECONDS 10.58 - 12.46
PLASMA (TURBIDIMETRIC)
I N R (CALCULATED) 1.59 * 0.92 - 1.08
REMARK RESULT RECHECKED.

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.

05/10/2026 1584178

APTT

CONTROL PLASMA 30.7 SECONDS
APTT, CITRATE PLASMA 57.3 * SECONDS 25.3 - 36.1
(TURBIDIMETRIC)
REMARK RESULT RECHECKED.

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

02/10/2026 1581581

CRP



H-2014-0209
Feb 05, 2023 to Jan 31, 2027
Since Jan 25, 2014

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



MC-1919

Name : Master. B/O SHEETAL
IP No : 2501304 /26025384
Sex : 1 Months 3 Days / Male
Doctor : Dr.VIBIN KUMAR VASUDEVAN
Card Details : 305PED / 305 / 008

Bill No. : 262302407
Collected On : 07/10/2026 7.08 AM
Reported On : 07/10/2026 9.50 AM
Approved On : 07/10/2026 11.01 AM

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	149 *	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	2.73 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	122.9 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	14.8 *	mEq/L	23 - 29
07/10/2026	1585480	MAGNESIUM -SERUM			
		SERUM MAGNESIUM (XYLIDYL BLUE)	1.68	mEq/L	1.3 - 2.14
07/10/2026	1586131	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	147 *	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.16 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	122.4 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	14.9 *	mEq/L	23 - 29
08/10/2026	1586491	ELECTROLYTES			
		SODIUM , SERUM/PLASMA (ISE INDIRECT)	143	mEq/L	136 - 145
		POTASSIUM , SERUM (ISE INDIRECT)	3.31 *	mEq/L	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE INDIRECT)	117.1 *	mEq/L	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC, PEPC, MD)	17.1 *	mEq/L	23 - 29
08/10/2026	1586491	KFT (KIDNEY FUNCTION TEST)			
		SERUM UREA (UREASE(GLDH))	12 *	mg/dL	13 - 43
		SERUM CREATININE (MODIFIED JAFFE REACTION)	0.44 *	mg/dL	0.67 - 1.17
		SERUM URIC ACID (URICASE)	3.77	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).



Name : Master. B/O SHEETAL
IP No : 2501304 / 26025384
Sex : 1 Months 3 Days / Male
Doctor : Dr.VIBIN KUMAR VASUDEVAN
Card Details : 305PED / 305 / 008
Bill No. : 262303359
Collected On : 07/10/2026 5.58 PM
Reported On : 07/10/2026 6.13 PM
Approved On : 08/10/2026 9.27 AM

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

07/10/2026 1586144

HIV RAPID

HIV RAPID TEST , SERUM NON REACTIVE
(IMMUNOFILTRATION)

Interpretation :

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.

07/10/2026 1586144

HBS AG RAPID

HBSAG RAPID TEST ,
SERUM (ICT)
NOTE

NON REACTIVE

It is a rapid screening test for HBsAg. All reactive samples should be confirmed by 4th generation ELISA and subsequently by confirmatory test, if ELISA is positive.(ELISA is the preferred method for testing HBsAg. However, this test is being done by rapid method to give an earlier result, as per the request. The rapid test does not completely exclude the possibility of false positive or very rarely a negative result due to various intrinsic and extrinsic factors)

LAB-BACTERIOLOGY MISC

02/10/2026 1581706

GRAM STAIN

SPECIMEN

CSF

FINDINGS:

Few lymphocytes seen.
No microorganisms seen.

Method : Gram Stain and Microscopy

LAB-BLOOD BANK TEST

06/10/2026 1584786

BLOOD GROUP, ABO AND RH TYPING

ABO GROUP

B



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Name : Master. B/O SHEETAL
IP No : 2501304 /26025384 Bill No. : 262303810
Sex : 1 Months 4 Days / Male Collected On : 08/10/2026 7.10 AM
Doctor : Dr.VIBIN KUMAR VASUDEVAN Reported On : 08/10/2026 8.34 AM
Card Details : 305PED / 305 / 008 Approved On : 08/10/2026 10.30 AM

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

08/10/2026 1586491

SERUM ALBUMIN

ALBUMIN (BROMOCRESOL GREEN)	1.6 *	g/dL	3.5 - 5.2
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LAB-HEMATOLOGY

02/10/2026 1581581

CBC (COMPLETE BLOOD COUNT)

HEMOGLOBIN (PHOTOMETRIC)	10.6	g/dl	9.8 - 15.4
TOTAL LEUCOCYTE COUNT (ELECTRICAL IMPEDANCE)	36.2 *	10/ μ L	5.0 - 19.5
NEUTROPHIL (VCS/MICROSCOPY)	50.1 *	%	15 - 35
LYMPHOCYTES (VCS/MICROSCOPY)	45.0	%	43 - 53
MONOCYTES (VCS/MICROSCOPY)	0.6 *	%	4 - 16
EOSINOPHILS (VCS/MICROSCOPY)	0.1	%	0 - 2
BASOPHILS (VCS/MICROSCOPY)	0.2	%	0 - 1
NEUTROPHIL-BAND (VCS/MICROSCOPY)	4.0	%	0 - 12
OTHERS	NEUTROPHILS SHOW TOXIC GRANULATION	%	
ABSOLUTE NEUTROPHIL COUNT	19.5 *	10/ μ L	1 - 9
ABSOLUTE LYMPHOCYTE COUNT	16.3 *	10/ μ L	2 - 10
ABSOLUTE MONOCYTE COUNT	0.2	10/ μ L	0.2 - 3.12
ABSOLUTE EOSINOPHIL COUNT	0.0	10/ μ L	0 - 0.4
ABSOLUTE BASOPHIL COUNT	0.1	10/ μ L	0 - 0.3
ANISOCYTES	MILD		
POLYCHROMASIA	MILD		
RBC COUNT (ELECTRICAL IMPEDANCE)	3.42	10 ⁶ / μ L	3.00 - 4.70
PCV / HCT (CALCULATED)	32.6	%	29.2 - 45.2
MCV (DERIVED)	95.3	fl	89.5 - 101.3
MCH (CALCULATED)	30.9	pg	30.7 - 35.0
MCHC (CALCULATED)	32.4 *	g/dl	33.2 - 35.8
RDW (DERIVED/CALCULATED)	20.2 *	%	11.6 - 14.0



HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025
Phone : 011-44020000, 011-35034000
E-mail : administration@hfhdelhi.org
website : www.hfhdelhi.org



H-2014-0208
Valid from 01, 2021 to January 31, 2027
Since January 31, 2014

9th October 2026

To,

LIFE LINE NGO

Sub: Request for financial assistance

This is to certify that B/o Sheetal (IPD No. 26025384) 28 days old Male child under Dr. Vibin Kumar Vasudevan. Child looked pale in view of which counts were repeated, Hb falling trend-7.6, plt-80,000. Over the course of stay, sensorium worsened with increased tone in all limbs, in view of which child was intubated and started on mechanical ventilator on DOH-3 and started on Inj Phenobarbitone, Inj Levera. Csf c/s reported enterococcus faecium.

USG Cranium reported b/l grade 4 germinal matrix haemorrhage. Repeat Hb -5.6, 1 unit PRBC transfused, PLT-18,000 – 1 unit RDP transfused and 1 unit FFP transfused. Child is currently on mechanical ventilation support with EVD in situ, maintaining saturation and hemodynamically stable. Parents have been explained regarding the prognosis. PLAN to repeat MRI after one week.

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
Sr. Elsy Thomas

PERSONAL DEVELOPMENT
HOLY FAMILY HOSPITAL
NEW DELHI - 110025

Personal Development Department

Holy Family Hospital New Delhi- 110 025



Unattended when any panels are open.
All panels must be closed and secured during transport to prevent infant falling.