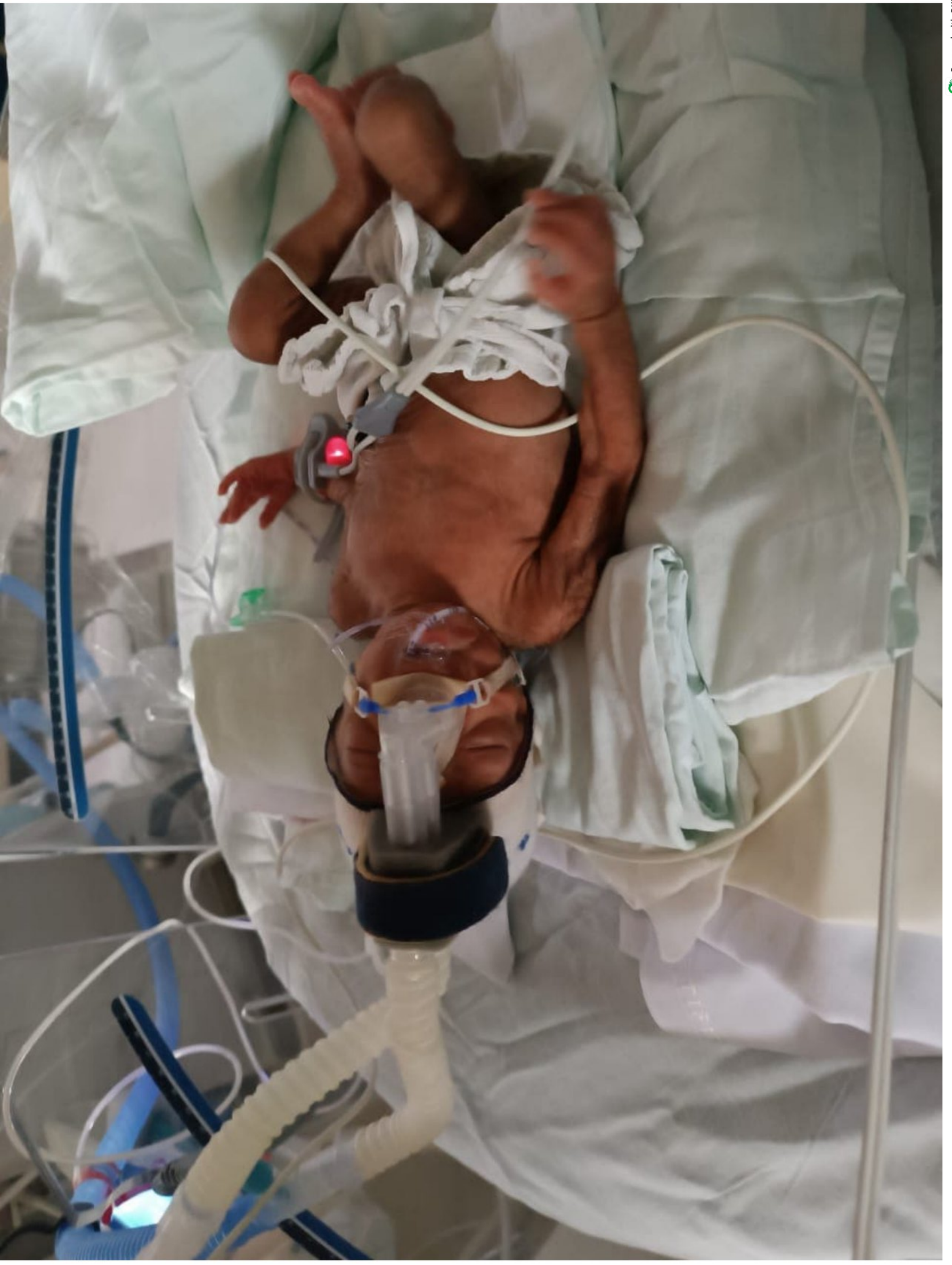

HOLY FAMILY HOSPITAL
Okhla Road, New Delhi-110025
Phone : 011-35034000, 44020000
Email : administration@hfhdelhi.org, Web : www.hfhdelhi.org

CASE SUMMARY

CASE SUMMARY OF Ms. Abrish Badr

MR NO / IP NO	: 2429120 / 26000231	03/01/2026 12:23 PM
Name	: Ms. ABRISH BADR	
Relative Name	: D/O.BADR UL AMEEN SIDDIQUI	
Age / Sex	: 1 M 1 D /F	Mobile: 7835968986
Bed No	: 206 / 001 at NUR206 - SB	Cash / Hospital
Admitting Dr.	: Dr.YOGESH PARASHAR	
Co Consultant		

DIAGNOSIS-

EXTREME PRE-TERM (25 WEEKS + 4 DAYS) / LGA (100Percentile) / ELBW (870gms) / Respiratory distress syndrome - (IPPV, Surfactant single dose) / NEONATAL HYPERBILIRUBINEMIA / FEED INTOLERANCE / EXCESSIVE WEIGHT LOSS / PRE RENAL AKI (resolved) / APNEA OF PREMATURITY / HYPONATREMIA / NASAL INJURY GRADE II (resolved)

Birth details :
Newborn Born via NVD with RMLE on 3/12/2025 at 12:55 AM in HFH
Mother- Primigravida
Cervical incompetence with Cervical cirelage done on 29/11/2025

Examination on admission-

GC- Sick. Intubated. Extreme Pre-term

Vitals- Stable
Cry- Intubated
tone- normal
Color- Pink
Genitals- Female

S/E:

CVS- S1S2 heard. no murmur
CNS- AF at level. open
R/S- B/L AE+. B/L chest clear. poor respiratory efforts.
P/A- soft. NT. BS

Course -

Child cried after stimulation. but baby had respiratory distress at birth hence was intubated and shifted to NICU in view of respiratory distress syndrome and extreme prematurity.

Respiratory distress at Birth (IPPV , Surfactant):
In view of respiratory distress at birth. baby was intubated and put on mechanical ventilation.
Chest xray-
Umbilical vein catheter and ETT in situ.
Inhomogeneous opacity with air bronchogram seen in right upper zone.

2D Echo (DOL3) - : Normal segment analysis. PFO (left to Right), Intact IVS . Laminar inflow and outflow. No TR and MR. Left arch. No COA, No PDA. Normal biventricular function.

Currently child is on NIV- CPAP support, Feeds 13ml 2 hourly with half sachet HMF, Feronia XT drops, Oral Capnea and nebulization with BUDECORT.
Day of Life: 36
CGA : 30 weeks + 5days
weight today : 948gms

DR. YOGESH PARASHAR
Senior consultant,
Department of Pediatrics,
holy Family hospital, Okhla, New Delhi.

IP

Patient	: Ms. ABRISH BADR	**Order Number**	: 190604223	
MR No.	: 2429120	**Accepted Dt & Tm**	: 06/01/2026	4.57 PM
Age/Sex	: 1 Months 4Days / Female	**Approved Dt &**	: 08/01/2026	8.47 AM
Ref. Doctor	: Dr. YOGESH PARASHAR	**Bill No.**	: 262005930	
IP	: 26000231	**Approved By**	: Dr. KRITI KAUR WASON	
Ward/Bed	: NUR206 / 206 / 001	**Typist ID**	: 9493	

ULTRASOUND CRANIUM+ PORT

Case seen by Dr. Gaurav

Date scanned : 06/01/2026

Findings

The lateral & third ventricles are normal in calibre.
No evidence of a subependymal or intraventricular haemorrhage is seen.
The falx is midline.
Visualized cerebral cortex appears normal.
Right lateral ventricle measures 5.9 mm in diameter at the level of body.
Left lateral ventricle measures 5.6 mm in diameter at the level of body.

Impression:
No significant abnormality is seen on cranial sonography.

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DR.KRITI KAUR WASON
SENIOR RESIDENT RADIOLOGIST
RADIOLOGIST

DR.GAURAV BANSAL
RESIDENT RADIOLOGY
RADIOLOGIST

Patient Name	: B/O. ASHFA KHAN	Sample No.	: 1354472
MR No / IP No	: 2429120 25029612	Collected On	: 31/12/2025 11.14 AM
Age/Sex	: 29 Days / Female	Reported On	: 31/12/2025 12.25 PM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	31/12/2025 12.40 PM
Patient Type	: IP	Bill No	: 252378673
Bed No	: NUR206 / 206 / 001***	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
ELECTROLYTES			
ELECTROLYTES_SERUM			
SODIUM , Serum/Plasma(ISE INDIRECT)	130 *	mEq/L	136 - 145
POTASSIUM , Serum(ISE INDIRECT)	4.45	mEq/L	3.5 - 5.1
CHLORIDE, Serum/Plasma(ISE INDIRECT)	98.7	mEq/L	98 - 107
BICARBONATE, Serum/ Plasma(ENZYMATIC, PEPC, MD)	22.6 *	mEq/L	23 - 29

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

Dr. NAVNEETA MISHRA

MD, BIOCHEMISTRY

CONSULTANT BIOCHEMIST

This is a computer generated report and validated electronically.

Patient Name	: B/O. ASHFA KHAN	Sample No.	: 1354472
MR No / IP No	: 2429120 25029612	Collected On	: 31/12/2025 11.14 AM
Age/Sex	: 29 Days / Female	Reported On	: 31/12/2025 11.51 AM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	31/12/2025 12.06 PM
Patient Type	: IP	Bill No	: 252378673
Bed No	: NUR206 / 206 / 001***	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
RETIC COUNT			
Reticulocyte Count.(Brilliant Cresyl Blue/Microscopy)	3.6 *	%	1.51 - 2.55
SAMPLE TYPE	EDTA, Whole Blood		

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

Dr. KIRTI PANWAR

MD, PATHOLOGY

CONSULTANT PATHOLOGIST

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MR No / IP No	: 2429120 25029612	Collected On	: 31/12/2025 11:14 AM
Age/Sex	: 29 Days / Female	Reported On	: 31/12/2025 11:51 AM
Ref. Doctor	: Dr.YOGESH PARASHAR	Approved On	: 31/12/2025 12:06 PM
Patient Type	: IP	Bill No	: 252378673
Bed No	: NUR206 / 206 / 001***	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
HB (HEMOGLOBIN)			
Hemoglobin(Photometric)	11.2	g/dl	10.2 - 15.8
SAMPLE TYPE	EDTA, Whole Blood		

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

Dr. KIRTI PANWAR
MD, PATHOLOGY
CONSULTANT PATHOLOGIST

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Patient Name	: B/O. ASHFA KHAN	Sample No.	: 1354472
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Bed No	: NUR206 / 206 / 001***	Specimen	: BLOOD

Test Name	Result	Units	Bio.Ref.Interval
CREATININE			
Serum Creatinine(Modified Jaffe Reaction)	0.58	mg/dL	0.51 - 0.95

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.

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST

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