





### CASE SUMMARY

MR NO / IP NO	2448515 / 26005246	28/02/2026 07:
Name	Ms. ASHIYA	
Relative Name	D/O. MOHD RAFIQ	
Age / Sex	10 y 3 m 11 d / F	Mobile: 99503135
Dept. No.	601 / 000 at 3003 50	Cash /
Admitting Dr.	Dr. DINESH RAJ	
Co Consultant	Dr. VIBIN KUMAR VASUDEVAN	

NAME- ASHIYA

26/3/26

**COMPLICATED PNEUMONIA ( RIGHT SIDE NECROTISING)**

#### CHIEF COMPLAINTS-

Fever X 5 days  
 Chest pain X 3-4 days present  
 Cough X 4 day  
 Edema B/L foot +

#### HISTORY OF PRESENTING COMPLAINT-

Child was apparently well 5 days back and developed fever T-max 101, daily spikes, not a/w chills and rigor, not responding to oral medication and child developed chest pain since 3 days with cough for same duration.

Child also developed b/l swelling on feett since 3 days , brought to HFH for further management.

GC - Average

Temp - 37.7°C  
 RR - 33/min  
 HR - 130 /min  
 SPO2 - 96% at 2L/min  
 Euhydrated  
 Peripheral pulses - Well palpable

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

S/E :

CVS - S1S2+, no murmur  
 CNS- Conscious, Oriented  
 Respi- decreased right sided air entry , tenderness on palpation  
 P/A - Soft, non tender, BS (+), no HSM.

#### COURSE-

Child was admitted to PICU with above mentioned complaints. All relevant investigations were done showing: Hb 10.2, TLC 20.5, CRP 12.84.

USG chest showed Right lower lobe collapse / consolidation with right pleural effusion( 192 cc ) with pleural wall edema and septation i/v/o which ICD was inserted on DOH 1, right side and child was managed with IVF, IV Ceftriaxone, IV Vancomycin and other supportive treatments.

Patient	: Ms. ASHIYA	Order Number	: 190625837
MR No.	: 2448515	Accepted Dt & Tm	: 05/03/2026 6.22 PM
Age/Sex	: 10 Years 6 Months 16Days / Female	Approved Dt &	: 06/03/2026 11.38 AM
Ref. Doctor	: Dr. DINESH RAJ	Bill No.	: 262068374
IP	: 26005246	Approved By	: Dr. P.S.UPPAL
Ward/Bed	: 3WD / 301 / 002	Typist ID	: 8287

**CECT THORAX**

**Clinical information**

Known case of right side pneumonia with right side pleural effusion with ICD.

**Technique**

Contrast enhanced scan in helical mode from the level of the thoracic inlet to domes of diaphragm following intravenous administration of contrast medium.

**IV contrast**

Iohexol 300/ 30 ml; No adverse reaction

**Findings**

The trachea is central and main bronchi appear unremarkable.

Heart and large vessels are normal with no evidence of a pericardial effusion.

Few subcentimeter non-necrotic mediastinal and right axillary lymph nodes are seen.

Moderate pleural effusion is seen in right hemithorax with air foci within - suggestive hydropneumothorax. Underlying lung is partially collapsed - compressive atelectasis. ICD in situ with tip seen in the right lower lobe. Lobar consolidation with air bronchogram noted in right upper lobe with anterior margins being ill-defined with irregular fragmented margins. Patchy areas of consolidation noted in the right lower lobe. Left lung appear normal.

Bones under view appear unremarkable.

**Opinion**

Right hydropneumothorax with right upper lobar consolidation with patchy consolidation right lower lobe with multiple reactionary adenopathy. .

Intercoastal tube in situ with tip in the right lower lobe.

Test Code	Results	Type	Rerun	Rerun Needed	Flag	Completed Date & Time	Validated
PT-RP	1.05 INR					11/17/2025 09:35:22	Validated
	12.3 S						
	1.18 Ratio						
APT-SS	36.1 S					11/17/2025 09:37:58	Validated

Sample ID:	1321777	First Name:	POOJAKOHLI	Rack ID:	57
Sample Type:	Patient	Last Name:	POOJAKOHLI	Position ID:	1
Instrument Model	ACL TOP 350 CTS				
Serial Number	23044139				

Patient	: Ms. ASHIYA	Order Number	: 190624326
MR No.	: 2448515	Accepted Dt & Tm	: 01/03/2026 2.26 PM
Age/Sex	: 10 Years 6 Months 12Days / Female	Approved Dt &	: 03/03/2026 12.11 PM
Ref. Doctor	: Dr. DINESH RAJ	Bill No.	: 262063851
IP	: 26005246	Approved By	: Dr. KRITI KAUR WASON
Ward/Bed	: 3WD / 301 / 002	Typist ID	: 5204

### ULTRASOUND WHOLE ABDOMEN (ON CALL) + PORT

Date scanned : 1/3/2026

C/o tenderness in right hypochondrium (to rule out liver abscess).

#### Liver :

Normal in span and echotexture.  
 Margins appear smooth.  
 No focal lesion or intra hepatic biliary radicles dilatation seen.  
 Portal vein is normal.

#### Gall bladder :

Distended and appears normal.  
 No evidence of any obvious intraluminal calculus or mass lesion noted.  
 Gall bladder wall thickness - normal.  
 No pericholecystic collection seen.  
 CBD is normal.

#### Pancreas :

Appear normal.  
 Peripancreatic planes are defined.  
 No obvious mass lesion or collection noted.  
 Pancreatic duct is not dilated.

Spleen : Normal; in size and shape (8.7 cm). No focal lesion seen.

#### Both kidneys :

Kidneys are normal in size, shape and axis.  
 Show normal cortico-medullary differentiation.  
 No evidence of hydronephrosis/calculus.  
 Rt kidney : 92 x 44 mm.  
 Lt kidney : 100 x 50 mm.

#### Urinary bladder :



Patient Name : ASHIYA (1402078)  
Age/Gender : 10 Years/F  
UHID/MR No : 3330807  
Visit ID : 122603010018  
Ref By : Dr.HOLY FAMILY HOSPITAL  
IP/OP NO :

Collected : 01/Mar/2026 10:49AM  
Reported : 02/Mar/2026 03:04PM  
Status : Final Report  
Panel : HOLY FAMILY HOSPITAL  
Barcode : HC10145245

Clinical Summary: not available

## DEPARTMENT OF MOLECULAR PATHOLOGY

Test Requested: GeneXpert MTB/RIF Ultra  
Sample type : Pleural fluid (NIKSHAY ID: 257453304)

Test Method: MTB detection and Rifampicin resistance by GeneXpert (Cepheid)

TEST	RESULT
Mycobacterium Tuberculosis Complex (MTBC)	NOT-DETECTED
Rifampicin Resistance	NA

### INTERPRETATION:

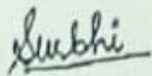
MYCOBACTERIUM TUBERCULOSIS COMPLEX (MTBC)	RIFAMPICIN RESISTANCE	REMARKS
DETECTED/ DETECTED-High/ DETECTED-Medium/ DETECTED-Low/ DETECTED-Very Low	DETECTED	MTBC species detected in the sample and is resistant to Rifampicin
DETECTED/ DETECTED-High/ DETECTED-Medium/ DETECTED-Low/ DETECTED-Very Low	NOT DETECTED	MTBC species detected in the sample and is sensitive to Rifampicin
DETECTED/ DETECTED-High/ DETECTED-Medium/ DETECTED-Low/ DETECTED-Very Low	INDETERMINATE	MTBC species detected in the sample but DNA concentration is very low to determine Rifampicin resistance
NOT DETECTED	NA	MTBC species not detected in the sample
INDETERMINATE	INDETERMINATE	Presence of inhibitor(s)

### Comments:

Mycobacterium tuberculosis complex (*M. tuberculosis*, *M. bovis*, *M. microti* & *M. africanum*) are the only Mycobacteria that are transmitted from person to person and therefore are of public health importance. These infections are usually treated by 4 common first line drugs- Rifampicin, Ethambutol, Pyrazinamide & Isoniazid. As documented by WHO Rifampicin resistance is rarely encountered by itself and usually indicates resistance to a number of other anti-tubercular drugs. Resistance to Rifampicin or other first-line drugs usually indicates the need for full susceptibility testing, including testing against second-line agents. GeneXpert MTB/RIF Ultra assay is an automated cartridge based molecular test for rapid and simultaneous detection of MTBC and resistance to rifampicin (RIF) in clinical specimens. The recommendation on the Ultra cartridge is based on a recent WHO Expert Group evaluation of data from a study coordinated by FIND, in collaboration with the Tuberculosis Clinical Diagnostics Research Consortium (CDRC). It targets *rpoB* gene containing 81 base pair core region and portions of two different multi-copy *IS 1081* & *IS 6110* insertion element target sequences. Rifampicin resistance is detected using overlapping probes that are complementary to entire Rifampicin Resistance Determining Region of MTB *rpoB* gene. GeneXpert MTB/RIF Ultra assay is intended for use with specimens with low load of Tb bacilli, smear negative specimens, in sputum specimen of HIV infected individuals, pediatric specimens and extra-pulmonary specimens (notably CSF).

### Note:

  
Dr. Shet Masih, PhD  
Technical Lead, Genomics

  
Dr. Surbhi Kansal  
Consultant Microbiologist  
M.B.B.S M.D (Microbiology)  
D.M.C No: 52640

Dr. Shet Masih, PhD  
Technical Lead, Genomics







# HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110025 PH. : 26845900-909, 26332800-909

**PATHOLOGY DEPARTMENT**



IP

Patient Name	: Ms. ASHIYA	Bill No.	: 262076677
IP Number	: 26005246	MR No.	: 2448515
Age/Sex	: 10 Years 6 Months 24Days / Female	Collected On	: 13/03/2026 4.00 PM
Ref. Doctor	: Dr. DINESH RAJ	Reported	: 16/03/2026 3.11 PM
Ward/Bed	: 3WD / 301 / 002	Order No.	: 1411780

## LAB-CYTOPATHOLOGY

Path. No: P26-459

### SPECIMEN

BAL fluid for cytology for malignant cells.

### CLINICAL DETAILS

Fever, cough for 20 days.

?TB, ?infective.

CT Thorax-Right hydropneumothorax with right upper lobar consolidation with patchy consolidation right lower lobe with multiple reactionary adenopathy.

### GROSS FEATURES

Received 5 ml of colorless, mucoid fluid.

### MICROSCOPIC EXAMINATION

The smears are scantily cellular and show few bronchial lining epithelial cells, neutrophils and occasional mature squamous epithelial cells.

No atypical cells seen.

### IMPRESSION

Negative for atypical cells.

Suggest clinical-radiological correlation and follow up.

-----END OF REPORT-----

\*Slides can be issued only on advise of the referring consultant after a minimum of 24 hrs of submitting a formal request (9AM to 5PM).

20 PRBC 20 APP (Rawinda)



# HOLY FAMILY HOSPITAL

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Phone : 011-44020000, 011-35034000  
E-mail : administration@hfhdelhi.org  
website : www.hfhdelhi.org



H-3014-0208  
February 01, 2013 to January 31, 2017  
Since January 31, 2014

To, PERSONAL DEVELOPMENT  
HOLY FAMILY HOSPITAL  
Life Line NGO NEW DELHI - 110025

Subject: - Request for Financial assistance.

This is to certify that **Ms. Ashiya** (IPD – 26005246) is admitted under Dr.Dinesh Raj with a diagnosis of Lung Consolidation with empyema.

The child's family have financial crisis due to which they cannot afford the cost of the treatment. The condition of the child is grave and needs continues medical support at present. Therefore it would be kind of you, if you can help this child in these stressful times.

Thanking you

SR. ELSY THOMAS

Yours sincerely

PERSONAL DEVELOPMENT  
HOLY FAMILY HOSPITAL

NEW DELHI - 110025  
Personal Development Department

Holy Family Hospital,

New Delhi - 110025

