GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

Name : B/o Mausami	Age/Sex: 1 mo/M	Date : 27/8/25
CR/REGD. No.: 522230	CGHS No.:	OPD/Wd : ECI 2nd floor OPD
Clinical Diagnosis :		
Unit Incharge : CSF 27/8 Dia	Signature :	

1. Blood Sugar :

F: ..... mg/dl(70-110)
PP : ..... mg/dl(90-160)
R : ..... mg/dl(70-140)

2. Kidney Function Test :

Urea : ..... mg/dl(15-45)
Creatinine : ..... mg/dl(0.6-1.2)
Uric Acid: ..... mg/dl(2.5-6.0)

3. Liver Function Test :

Total Bil : .....mg/dl(0.2-1.2)
Direct Bil : .....mg/dl(0.1-0.3)
In. D. Bil : .....mg/dl(0.2-1.1)
SGOT : .....U/L (15-50)
SGPT : .....U/L (15-50)
Alk. Phos: .....U/L (50-130)
GGT : .....U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : ..... gm/dl(6.0-8.0)
Albumin : ..... gm/dl(3.5-5.5)
Globulin : ..... gm/dl(1.5-3.5)

5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)
HDL Chol. : ..... mg/dl(30-65)
LDL Chol. : ..... mg/dl(50-150)
VLDL Chol. : ..... mg/dl(upto 40)
Triglyceride : ..... mg/dl(50-200)

6. S. Electrolytes:

Sodium : ..... mmol/L (130-150)
Potassium :..... mmol/L (3.5-5.5)
Chloride : ..... mol/L (95-110)
Calcium : .....mg/dl (8.5-10.5)
Phosphorus : ..... mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : .....U/L (50-200)
CK-MB : .....U/L (upto 25)
LDH : .....U/L (110- 240)
SGOT: .....U/L (15- 50)

8. Iron Profile :

T. Iron : ..... µg/dl (60-150)
TIBC : ..... µg/dl (250-400)
UIBC : ..... µg/dl (150-250)
Saturation : ..... % (20-35)

9. Others :

S. Armylase : ..... U/L (30-110)
S. Lipase : ..... U/L (23-300)
S. Magnesium : ..... mg/dl (1.6-2.3)
Ammonia (NH_3) : ..... µmol/L (9-30)
Lactate : .....mmol/L (0.7-2.1)

BIOCHEMIST

प्लेटलेट गणना ..... क्यू. एम. एम. Clotting time.....
...../cumm

9779539779

OHIA HOSPITAL

B/o mausmi 29 day/ ~~fe~~male

26/8/25

Ads Single / term / 3.9 wk / NVD / DNCFAB / cons.

c Neonatal S_2 / ASD (5mm) / HIE-II / Comm. hep

meningitis c EVD in situ (19/8/25)

Issue → No fresh issue

→ csf c/s/o → 180 → 40 cell 100% MN

Csf Bio < S-NA → <10 ; P - 263 → 43.44

→ Accept feeds well

→ pass urine / stool

→ No Rpt S_2 episode

Wt - 3 kg

Vitals. Stable

RR → 32/min

PR → 124/min

CP/PP - +/+

CRT - <3sc

S/E

R/S BIL AE ⊕ clear

P/A → soft NT / no an

→ S1 S2 ⊕ no

- NAD / CNS ⊕

/ NM feed 35 ml 2 hrly

→ Inj meropenem 65 mg IV TDS.

- Inj vancomycin 50 mg IV QID

@43 - Inj levela 65 mg IV BD

- syp phenobarb (20mg/5ml) 2.5 ml BD

- syp osteocal 5 ml PO BD.

- EVD drain 5 ml 8 hrly

- Inj Pam 30 mg IV SOS.

→ KIV SOS.

call for VP shunt

Bio clearance

भारत सरकार / Government of India

ए.बी.वी.आई.एम.एस. एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली

A.B.V.I.M.S. & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Department of Radio Diagnosis

CT Center, Telephones : 011-23404533, 23404534

NAME : B/O Bhawani **AGE/SEX:** 7

CT No.: 19057 **DATE :** 28/8/25

Non MLC/MLC

NCCT Head

Procedure: Contiguous axial CT Section were taken from the base of skull to the vertex.

The study reveals

SUPRATENTORIAL :

Bilateral cerebral parenchyma shows There is mild dilatation of bilateral lateral, 3rd & 4th ventricle with Evan's index = 0.52, 3rd ventricle = 4mm, 4th ventricle = 11mm with periventricular edema. ~~VP~~ VP Shunt tip seen with (R) lateral ventricle.

Lateral & III ventricles

Bilateral basal ganglia and thalami

Basal cisterns and sylvian fissures

Falx is ~~in~~ midline / ~~not~~ in midline

POSTERIOR FOSSA :

Cerebellar parenchyma

Area of CP Angle

~~4th Ventricle~~ Normal

Brainstem appears

Bony calvaria

Additional Findings :

Impression:- S/p communicating hydrocephalus with VP Shunt tip seen in Rt. lateral ventricle.

Name & Signature of Senior Resident

Name of Resident on Duty

Lal PathLabs
Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

: Mr. MAUSAMI		Age	: 26 Days
Lab No.	: 489026139	Gender	: Male
Ref By	: Self	Reported	: 26/8/2025 12:57:48PM
Collected	: 23/08/2025 7:00:00AM	Report Status	: Final
A/c Status	: P	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085
Collected at	: KRISHNA DEV TIWARI 9930, SARAI ROHILLA, OPP. SARAI ROHILLA BUS STOP, NEAR HDFC BANK, NEW ROHTAK ROAD DELHI ,New Delhi,Central110005DEL ,IND New Delhi		

Test Report

CULTURE AEROBIC, CSF
(Conventional culture, Automated Identification & Sensitivity)
Type of Specimen :

Organism : Elizabethkingia anophelis - Heavy growth.

TIER	ANTIBIOTICS	MIC (ug/ml)	Breakpoint Concentration(BK)	BMQ (=BK/MIC)	AST Interpretation
First	Cefepime	>=32	<=8	NA	Resistant
First	Ceftazidime	>=64	<=8	NA	Resistant
First	Ciprofloxacin	>=4	<=1	NA	Resistant
First	Gentamicin	>=16	<=4	NA	Resistant
First	Levofloxacin	4	<=2	NA	Intermediate
Second	Amikacin	>=64	<=16	NA	Resistant
Second	Cefoperazone/Sulbactam	>=64	<=16	NA	Resistant
Second	Imipenem	>=16	<=2	NA	Resistant
Second	Meropenem	>=16	<=2	NA	Resistant
Second	Minocyline	<=0.5	<=1	2	Susceptible
Second	Piperacillin + Tazobactam	>=128	<=16	NA	Resistant
Second	Trimethoprim/Sulfamethoxazole	>=320	<=40	NA	Resistant
Fourth	Colistin	>=16	-	NA	Resistant

Tier First : Antimicrobials that are appropriate for routine, primary testing & reporting.

Tier Second : Antimicrobials that are appropriate for routine, primary testing but may be reported following cascade reporting rules established at each institution.

Tier Third : Antimicrobials that are appropriate for routine, primary testing in institutions that serve patients at high risk for MDROs but should only be reported following the cascade reporting rules.

Tier Fourth : Antimicrobials that may warrant testing and reporting by clinician request if antimicrobial agents in other tiers are not optimal because of various factors.

Relevance of BMQ (Breakpoint to MIC Quotient):
BMQ, calculated as the susceptible breakpoint divided by the MIC of the test isolate, reflects the predicted efficacy of a drug, with higher values indicating better performance. While BMQ should be interpreted within its designated tier to maintain antibiotic stewardship, exceptions may be considered in critical situations, ensuring clinical correlation with infection severity, patient-specific factors, and expected outcomes.

Antibiotic reported as per CLSI M100 S35-2025 recommendation.
In order to prevent antibiotic misuse and thereby resistance it is advocated to prescribe (Tier 2)/(Tier 3/Tier4) antibiotics only in the event of resistance to (Tier 1) antibiotics.
Comments : Please correlate clinically.

OSPITAL
AL, NEW
PORT
Date :
OPD/Wd :
/Room/Bed No. ....
आहार/Diet
रा०म०लो०अ०-11

B/o Mausami

C/s/b Neurosx SR

Many thanks for the call
Case is u/o further management
& consideration of op shunt
in a case of Hydrocephalus
c EVD in situ

PNL - 11 day
CRT < 3 sec
GCS - E4 V4 M(paed)
B/L pupil NSRL

(Rx) Frontal EVD
in situ

CSF Analysis
(25/8/25)
Cyto - 40 cell (100% M)
Bio - S/P ≈ <10/45.44.

Adv
POA-EVD
NCCT Head

for consideration
of further management

Dr. DEEPESH PATEL
Senior Resident
Dept. of Neurosurgery
ABVIMS & DR. RML Hospital
New Delhi-110001

Neurosx call

B/o Mausami
52230
Imon/7
↓ ECS 3rd floor
P3A - Bed 57

20/8/25

To
The SR/DOD
Dept of Neurosx
RMLH

Respected Sir/maam,

This is a case of EONS c neonatal seizures c (L) hip septic arthritis c comm. HCP c ASD 5mm c mod. HIE c EVD insitu ∴ 19/8/25

AH → vitally stable
EVD insitu → 15 ml/day being drained

(25/8/25) CSF - Cyto - 40cells (100% mononuclear)
Bio - <10 (Glu)
43.44 (pro)

Kindly evaluate the case & give your valuble opinion regarding vp shunt Sp

Thanking you.

Dr. Harika
(PG-1)

Noted

Ward 3

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

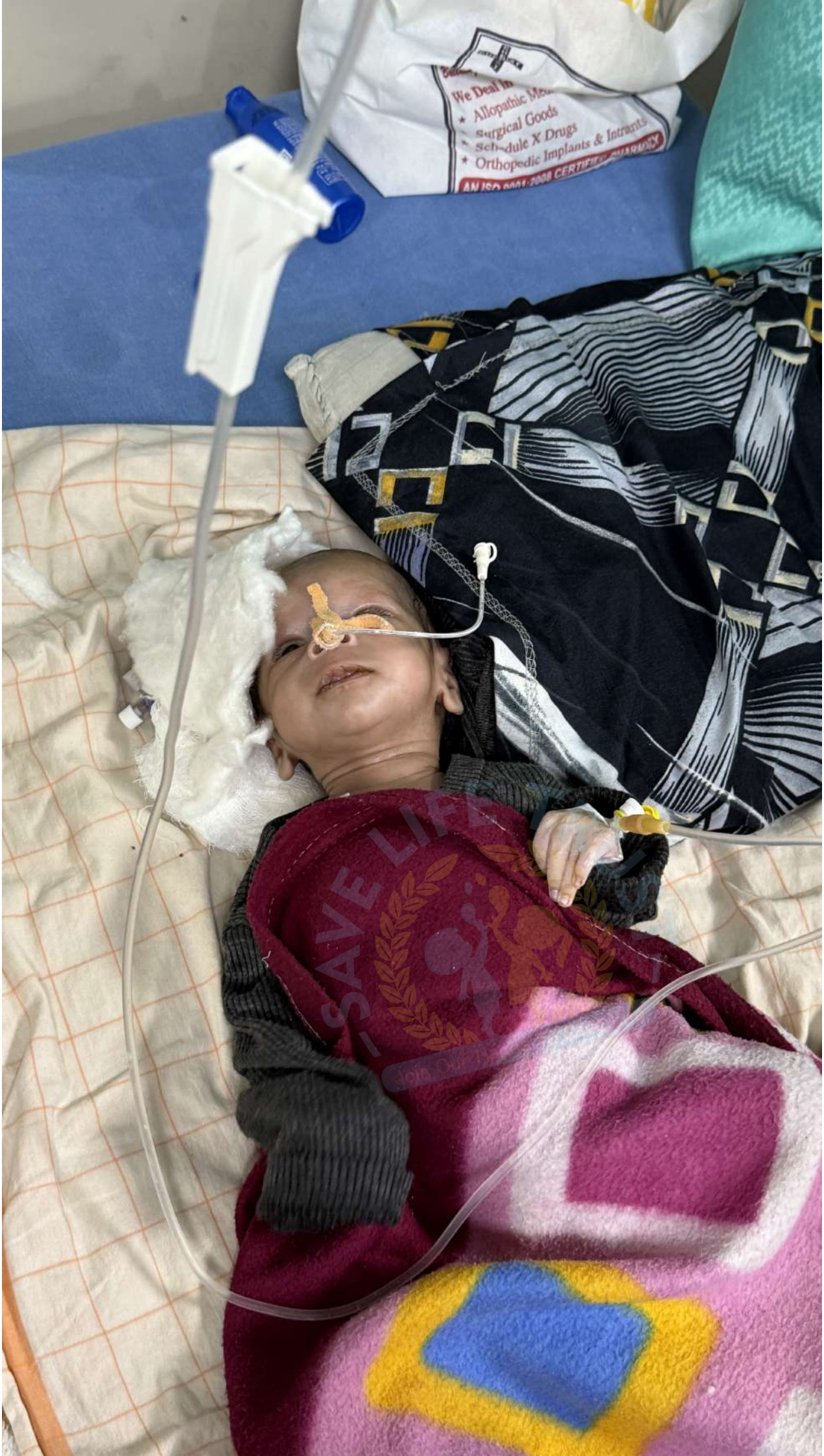
नाम/Name .....कमरा/शय्या सं/Room/Bed No. .....

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
26/8/25	Paeds Cardio call To The SR/DOD Dept of Paedi cardio RMLH Respected sir/maam, This is a case of EONS c neonatal seizures c (L) Hip septic arthritis, Comm. HCP c ASD 5mm c mod. HIE c EVD insitu. O/E - Vitally stable PE - planned for VP shunt surgery Pt. has ASD 5mm. Kindly evaluate the case & give clearance for Sx from your side Thanking you, Noted. Dr. Tanika (PG-1)	2 1/4 x 2 B/O Mausam 1 mon/M ↓ P_3 A ECS 3rd floor

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL
NEW DELHI-110001
लगातार चार्ट / CONTINUATION CHART

नाम/Name: B/O Mousami 30D/Male .... कमरा/शय्या सं/Room/Bed No. ....

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
27/8/2025	D - Single / Term / 39wk / NVD / DNCIAB / SONS / Neonatal S2) ASD (5mm) / HIE-II / Community ACP c Meningitis c EVD in situ (11/8/25) S/S - No fresh issue - CSF cyto - 180 cells → 40 cells Pro - S/P → NA / 263 → <10 / 43.44 - No rpt seizure O/E Vitally stable CNS: CTA - NAL Rx (3 kg) - NG feed 35ml 2hrly - Inj Meropenem 65mg IV TDS - Inj Vancomycin 50mg IV QID - Inj Levera 65mg IV BD - Syp Frondinal (20/5) 2.5ml BD. - EVD drain 5ml TDS - Inj PCM 30mg IV SOS - P/V SOS [signature]	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सेफ लाइफ ट्रस्ट
F-56 लाडो सराय फेस -1 नई दिल्ली -110030

विषय:- इलाज हेतु आर्थिक सहायता प्रार्थना पत्र

मेरा नाम मौसमी है। मैं बिहार की निवासी हूँ। मेरा बेटा जो कि केवल अभी सिर्फ एक महीने का बच्चा है, मेरे बेटे के दिमाग में पानी भरने के कारण काफी गंभीर परिस्थितियों से गुजर रहा है जो कि इस समय आर. एम. एल. हॉस्पिटल में भर्ती है। मेरा सिर्फ एक ही बच्चा है मेरी बस एक ही गुजारिश है। सेफ लाइफ ट्रस्ट से की मुझे मेरे बच्चे के लिए कुछ आर्थिक सहायता प्रदान कर ताकि मेरे बच्चे की जान बच पाए।

धन्यवाद!
आपकी अति कृपा होगी
आपकी प्रार्थी
मौसमी

मेरा नाम: मौसमी
बच्चे की उम्र! महीना
पता! बिहार

SAVE LIFE TRUST New Delhi Regd. No 402

दिनांक :- 29/8/25

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