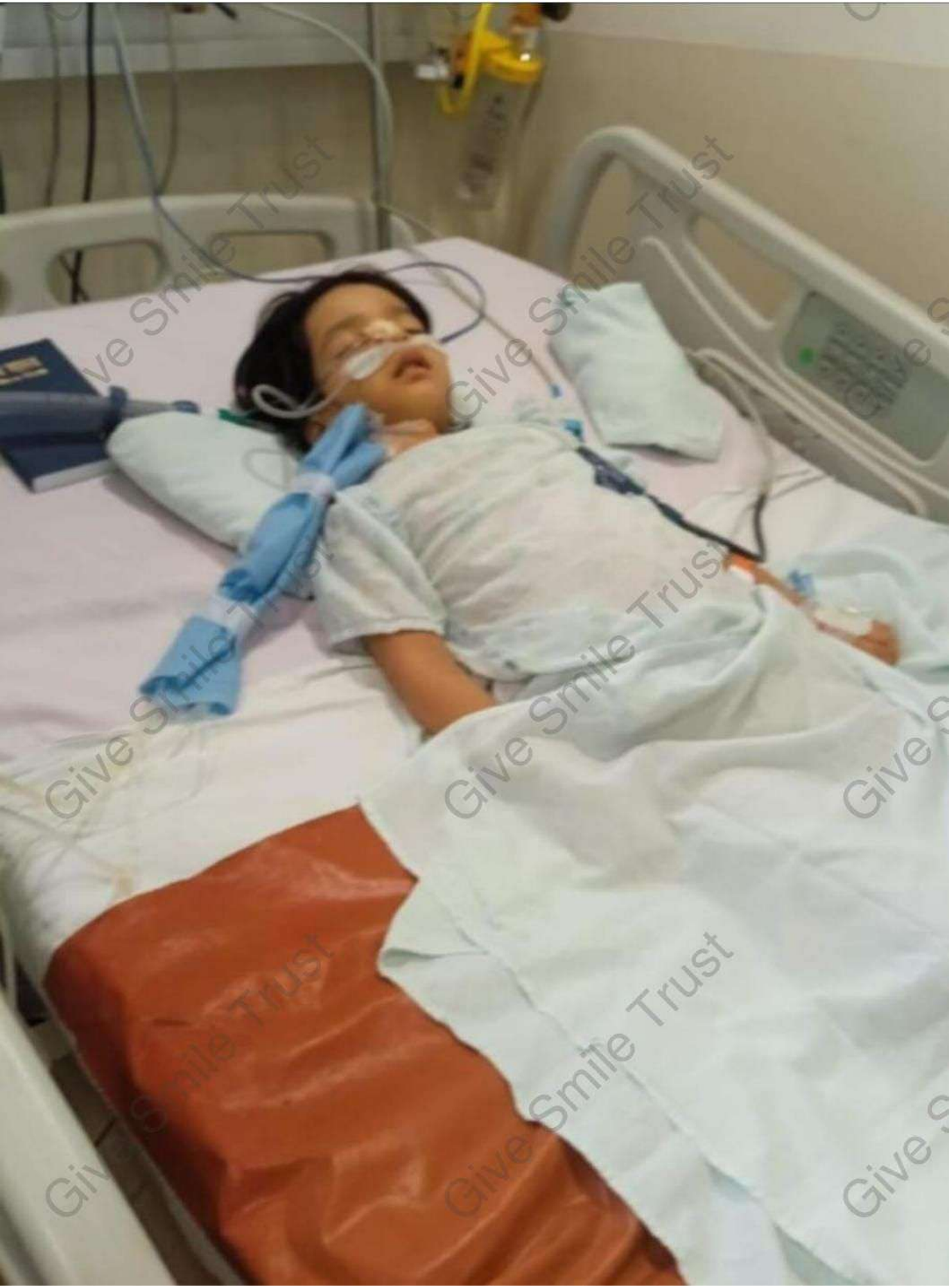
Give Smile Trust

CASE SUMMARY

NAME - MS. YASHIKA
IP NO-25012620
MR NO-2374696
AGE- 4 YEARS 2 MONTHS/ FEMALE
DATE OF ADMISSION-28/05/2025
TIME OF ADMISSION-12.54 AM

DIAGNOSIS- ACUTE LIVER FAILURE WITH HEPATIC ENCEPHALOPATHY (STAGE II/III)
(HEPATITIS A IGM POSITIVE)

4 year 3 month old female child was admitted in Holy Family Hospital, from 18/05/25 to 23/05/25 with complaints of loose stools since 5 days, vomiting, non bilious , non projectile , non blood stained since 5 days, and pain in abdomen with yellowish discolouration of skin and sclera gradually progressive since 2 days.
Work up for acute viral hepatitis showed hepatitis A IgM positive, was managed with iv fluids, inj vitamin k , lactulose, inj pantocid, inj emeset, inj cefotaxime, with serial liver function tests were done as follows: (**18/05/25-23/05/23**)

PT/ INR- 17.4/1.41
SGOT: 2928...2237...2371 IU/L
SGPT: 1212....1120...976 IU/L
D.BIL: 3.53...4.17...4.38 mg/dl
T.BIL: 5.52...6.23...7.20 mg/dl
child was consious, oriented, accepting orally well, with regular bowel and bladder movements, with vomiting resolved, and fever showing a decreasing trend and was discharged on 23/05/25.

on follow up on **26/5/25**, LFT deteriorated:
SGOT: 2103 IU/L
SGPT: 788 IU/L
D.BIL: 6.98 mg/dl
T.BIL:11.88 mg/dl
Gastro consultation was advised, but parents did not get it done and continued the same treatment.

After 2 days, child developed excessive irritability with breathlessness since evening of 28/5/25, for which was brought of HFH, emergency, was admitted in PCU.
on admission child was found to be lethargic, P +/I+ +/C-/C-/L-/E-
CNS- GCS- M5V2E3 , with b/l pupils reactive to light, DTR- brisk 2+ b/l knee reflex
CVS- S1S2 + , no murmer
R/S- Air entry reduced over right axillary region.
P/A- liver 5 cm palpale, firm, below costal margins with liver span 14.2 cm , spleen not palpable, abdomen distention- moderate ascites, BS +
Initial blood gas showed- pH- 7.45/PCO2-32/I,actates- (4.0/hco3- 22.2)
PT/INR- 85.3/6.97
SGOT: 1569 IU/L
SGPT: 741 IU/L
D.BIL: 8.04 mg/dl
T.BIL:14.12 mg/dl

HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : 011-35034000, 44020000
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Patient Name	: Ms. YASHIKA	**Bill No.**	: 252150955
MR No / IP No	: 2374696 /25012620	**Collected On**	28/05/2025 2.20 AM
Age/Sex	: 4 Years 2 Months 4 Days / Female	**Reported On**	28/05/2025 6.06 AM
Ref. Doctor	: Dr.SONA CHOWDHARY	**Approved On**	28/05/2025 9.14 AM
Ward Details	: IPCU / 304 / 001		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB-CHEMISTRY1			
28/05/2025	1179616	**APTT**			
		CONTROL PLASMA	30.2	SECONDS	
		APTT, CITRATE PLASMA (TURBIDIMETRIC)	53.5 *	SECONDS	25.2 - 35.2
		REMARK	RESULT RECHECKED WITH REPEAT SAMPLE		

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.

28/05/2025	1179616	**PT (PROTHROMBIN TIME)**			
		MEAN NORMAL PROTHROMBIN TIME	12.0	SECONDS	
		PT VALUE, CITRATE PLASMA (TURBIDIMETRIC)	85.3 *	SECONDS	10.4 - 13.6
		I N R (CALCULATED)	6.97 *		0.87 - 1.13
		REMARK	RESULT RECHECKED WITH REPEAT SAMPLE		

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.

		LAB-CHEMISTRY2			
28/05/2025	1179616	**CRP**			
		C REACTIVE PROTEIN (CRP),SERUM (IMMUNOTURBIDIMETRIC)	2.13 *	mg/dl	0 - 0.5

Patient Name	: Miss. YASHIKA	**Bill No.**	: 252142317
MR No / IP No	: 2374696 /25011809	**Collected On**	18/05/2025 1.17 PM
Age/Sex	: 4 Years 1 Months 24 Days / Female	**Reported On**	18/05/2025 2.03 PM
Ref. Doctor	: Dr.SONA CHOWDHARY	**Approved On**	18/05/2025 2.04 PM
Ward Details	: 3WD / 301 / 009***		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
18/05/2025	1172706	**CREATININE**			
		SERUM CREATININE (KINETIC JAFFE)	0.34 *	mg/dL	0.51 - 0.95
19/05/2025	1173196	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE (INDIRECT))	134 *	mEq/l	136 - 145
		POTASSIUM , SERUM (ISE (INDIRECT))	3.45 *	mEq/l	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE (INDIRECT))	105.1	mEq/l	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC)	20.6 *	mEq/l	23 - 29
20/05/2025	1174115	**LFT (LIVER FUNCTION TEST)**			
		DIRECT BILIRUBIN,SERUM (DIAZO)	4.17 *	mg/dl	0 - 0.2
		TOTAL BILIRUBIN,SERUM (DPD)	6.38 *	mg/dL	0.3 - 1.2
		TOTAL PROTEIN,SERUM (BIURET)	5.7 *	g/dl	6.4 - 8.3
		ALBUMIN,SERUM (BCG)	2.6 *	g/dl	3.5 - 5.2
		GLOBULIN,SERUM (CALCULATED)	3.1 *	g/dl	1.5 - 3.0
		A/G RATIO , SERUM (CALCULATED)	0.8 *		1.5 - 2.5
		SGPT , SERUM (UV-IFCC WITHOUT P5P)	1120 *	IU/l	1 - 34
		SGOT , SERUM (UV-IFCC WITHOUT P5P)	2237 *	IU/l	1 - 31
		ALKALINE PHOSPHATASE, SERUM (PNPP AMP IFCC)	370 *	IU/L	134 - 346
23/05/2025	1176035	**CRP**			
		C REACTIVE PROTEIN (CRP),SERUM (IMMUNOTURBIDIMETRIC)	3.03 *	mg/dl	0 - 0.5
23/05/2025	1176035	**LFT (LIVER FUNCTION TEST)**			
		DIRECT BILIRUBIN,SERUM (DIAZO)	4.38 *	mg/dl	0 - 0.2
		TOTAL BILIRUBIN,SERUM (DPD)	7.20 *	mg/dL	0.3 - 1.2
		TOTAL PROTEIN,SERUM (BIURET)	6.1 *	g/dl	6.4 - 8.3
		ALBUMIN,SERUM (BCG)	2.5 *	g/dl	3.5 - 5.2
		GLOBULIN,SERUM (CALCULATED)	3.6 *	g/dl	1.5 - 3.0

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

18/05/2025	1172706	**CRP**			
		C REACTIVE PROTEIN (CRP),SERUM (IMMUNOTURBIDIMETRIC)	2.78 *	mg/dl	0 - 0.5
18/05/2025	1172706	**ELECTROLYTES**			
		SODIUM , SERUM/PLASMA (ISE (INDIRECT))	128 *	mEq/l	136 - 145
		POTASSIUM , SERUM (ISE (INDIRECT))	3.93	mEq/l	3.5 - 5.1
		CHLORIDE, SERUM/PLASMA (ISE (INDIRECT))	96.0 *	mEq/l	98 - 107
		BICARBONATE, SERUM/ PLASMA (ENZYMATIC)	16.3 *	mEq/l	23 - 29
18/05/2025	1172706	**LFT (LIVER FUNCTION TEST)**			
		DIRECT BILIRUBIN,SERUM (DIAZO)	3.53 *	mg/dl	0 - 0.2
		TOTAL BILIRUBIN,SERUM (DPD)	5.52 *	mg/dL	0.3 - 1.2
		TOTAL PROTEIN,SERUM (BIURET)	6.6	g/dl	6.4 - 8.3
		ALBUMIN,SERUM (BCG)	3.0 *	g/dl	3.5 - 5.2
		GLOBULIN,SERUM (CALCULATED)	3.6 *	g/dl	1.5 - 3.0
		A/G RATIO , SERUM (CALCULATED)	0.8 *		1.5 - 2.5
		SGPT , SERUM (UV-IFCC WITHOUT P5P)	1212 *	IU/l	1 - 34
		SGOT , SERUM (UV-IFCC WITHOUT P5P)	2928 *	IU/l	1 - 31
		ALKALINE PHOSPHATASE, SERUM (PNPP AMP IFCC)	560 *	IU/L	134 - 346
18/05/2025	1172706	**UREA**			
		SERUM UREA (UREASE)	20	mg/dL	13 - 43

	(ICT)	
	NOTE	All reactive samples should be confirmed by 4th generation ELISA and subsequently by PCR.

Interpretation : Test information & Interpretation:

1. Hepatitis C virus (HCV) is recognized as the cause of most cases of post-transfusion hepatitis. Laboratory testing for HCV infection usually begins by screening for the presence of HCV antibodies (anti-HCV) in serum.

2. HCV antibodies are usually not detected during the first 2 months following infection and are almost always detectable by the late convalescent stage (>6 months after onset) of infection. These antibodies do not neutralize the virus, and they do not provide immunity against this viral infection. Loss of HCV antibodies may occur several years following resolution of infection.

3. A negative screening test result does not exclude the possibility of exposure to or infection with HCV. Negative screening results in individuals with prior exposure to HCV may be due to low antibody levels that are below the limit of detection of this assay or lack of reactivity to the HCV antigens used in this assay. Patients with acute or recent HCV infections (<3 months from time of exposure) may have false-negative HCV antibody test results due to the time needed for seroconversion (average of 8 to 9 weeks). Testing for HCV RNA is recommended for detection of HCV infection in such patients.

Source: Centers for Disease control and Prevention (CDC) (www.cdc.gov/hepatitis)

19/05/2025	1173196	**HBS AG SPOT**	
		HBSAG RAPID TEST , SERUM (ICT)	NON REACTIVE
		NOTE	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)
19/05/2025	1173196	**HEPATITIS - E (HEV)**	
		IGM AB TO HEV , SERUM (ELISA)	NEGATIVE
		.....	.....
		.....	.....
			.....

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Laboratory Services

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

Patient Name	: Miss. YASHIKA	**Bill No.**	: 252142317
MR No / IP No	: 2374696 /25011809	**Collected On**	18/05/2025 1.17 PM
Age/Sex	: 4 Years 1 Months 24 Days / Female	**Reported On**	19/05/2025 9.07 AM
Ref. Doctor	: Dr.SONA CHOWDHARY	**Approved On**	19/05/2025 9.12 AM
Ward Details	: 3WD / 301 / 009***		

Accept Dt	Sample No	Test Name	Result	Units	Bio.Ref.
		LAB- SEROLOGY			
18/05/2025	1172706	**WIDAL**			
		S. TYPHI "O"	TITRE - LESS THAN 1:80		
		S. TYPHI "H"	TITRE - LESS THAN 1:80		
		S. PARATYPHI "AH"	TITRE - LESS THAN 1:80		
		S. PARATYPHI "BH"	TITRE - LESS THAN 1:80		
		SAMPLE TYPE	Serum		
		Method : Tube Agglutination			

Interpretation : /NOTE
1. Titres 1:80 and above of O antigen & 1:160 and above of H antigen are significant.
2. Rising titres are significant.
3. This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The agglutinins usually appear at the end of the first week of infection and increase steadily till third/ fourth week after which the decline starts.
4. Positive widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
5. Non specific febrile disease may cause this titre to increase (anamnestic reaction)
6. The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages.
7. The recommended test specially in the first week after infection is Blood culture.

19/05/2025	1173196	**HEPATITIS - A (HAV)**			
		IGM AB TO HAV , SERUM (ELFA)	POSITIVE		

Interpretation : Negative - Indicates absence of IgM antibodies to Hepatitis A virus

Equivocal - Equivocal result requires repeat testing in 10-14 days

positive - Indicates presence of IgM antibodies to Hepatitis A virus

Note

1. This assay is used for qualitative detection of IgM antibodies to hepatitis A virus in serum samples.
2. A positive test indicates ongoing or recent infection and is useful for diagnosing acute HAV infection.
3. False positive result may be observed in patient in presence of heterophilic antibodies or rheumatoid factor in serum . Erroneous result may be observed in heparinized patient due to presence of fibrin threads.
4. False negative reaction may be due to processing of sample collected early in the course of disease or due to immunosuppression.

19/05/2025	1173196	**HCV SPOT**			
		ANTI HCV RAPID, SERUM	NON REACTIVE		

Dr UPPAL 25 2142805

HOLY FAMILY HOSPITAL, NEW DELHI

I.P.D. F-25 B

O.P.D. NUMBER	SEX	AGE	I.P.D. NUMBER

IMAGING No.	X-RAY/ULTRASOUND	EXAM. SC
578856	USG W/A	
DATE 18/5/25		

MR NO / IP NO : 2374696 / 25011809 18/05/2025 11:21 AM
Name : Miss. YASHIKA
Relative Name : D/O.NITIN KUMAR
Age / Sex : 4 Y 1 M 24 D /F Mobile: 9354975561
Bed No : 301 / 009 at 3WD - NSB Cash / Hospital
Admitting Dr. : Dr.SONA CHOWDHARY
Co Consultant :

		PREVIOUS IMAGING No.	L.M.P.
WALKING	☐		
CHAIR/CARRY	☑		
STRETCHER	☐	FOR DEPARTMENTAL USE	
PORTABLE	☐	16	
ROUTINE	☒		
URGENT	☑		

HISTORY, CLINICAL & LAB. DATA AND DIAGNOSIS

Δ + Probable Enteric fever.

RT	S

FILMS				APPT.	RM	TECH	SR/JR/CMO	CONSULTANT
17	15	12	8					

L — 13.6 enlarged
CBD — 8.0
[illegible]
PANC — (N)
RK — 73 × 32
LK — 80 × 34
SPL — 12.0 enlarged
UB — 30 cc
UT
OV > (N) for Age
minimal ff in Peritoneal cavity

Dr PS Hang

GB distal c/o internal pericholecystic edema

× Hepatosplenomegaly c prominent [illegible]

× [illegible]

cavity · [illegible]

Xray of [illegible] [illegible]

[illegible]

Uterus and ovaries:
Normal for age.

Minimal free fluid seen in peritoneal cavity.

Trace of bilateral pleural effusions noted.

Impression:
- **Hepatosplenomegaly.**
- **Pericholecystic edema.**
- **Minimal ascites.**
- **Bilateral pleural effusions .**

In a icteric patient with deranged LFT- features are suggestive of hepatitis.

--

DR.P.S.UPPAL
CONSULTANT RADIOLOGIST
RADIOLOGIST

F-25

ULTRASOUND WHOLE ABDOMEN

Date scanned : 19.05.2025

Liver :
Enlarged in size (13.6 cm) and normal echotexture.
Margins appear smooth.
No focal lesion or intra hepatic biliary radicles dilatation seen.
Portal vein is normal.

Gall bladder :
Distended with extensive pericholecystic edema noted.
No evidence of any obvious intraluminal calculus or mass lesion noted.
Gall bladder wall thickness - normal.
CBD is normal (3.0 mm).

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

Spleen : Enlarged in size (12.0 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 : 73 x 32 mm.
Lt kidney : 80 x 34 mm.

Urinary bladder :
Distended.
No intraluminal calculus noted.
Urinary bladder wall normal.
Pre void volume - 30 cc.

HOLY FAMILY HOSPITAL

Okhla Road, New Delhi-110 025

Phone : 011-44020000, 011-35034000

IP

Patient	: Miss. YASHIKA	Order Number	: 190518623
MR No.	: 2374696	Accepted Dt & Tm	: 18/05/2025 2.14 PM
Age/Sex	: 4 Years 1 Months 24Days / Female	Approved Dt &	: 20/05/2025 2.40 PM
Ref. Doctor	: Dr. SONA CHOWDHARY	Bill No.	: 252142357
IP	: 25011809	Approved By	: Dr. RENEE G. KULKARNI
Ward/Bed	: 3WD / 301 / 009	Typist ID	: 5691

CHEST PA

Normal cardiac size.
Regular mediastinal contours with radiologically normal hili.
Visualized lung fields and pleural spaces free of demonstrable pathology.
Bony thorax / soft tissues under view radiologically normal.

DR.RENEE G. KULKARNI
CONSULTANT RADIOLOGIST
RADIOLOGIST

F-25

HOLY FAMILY HOSPITAL

Laboratory Services

Okhla Road, New Delhi-110025 Phone : 011-35034000, 44020000
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Patient Name	: Miss. YASHIKA	**Sample No.**	: 1178138
MR No / IP No	: 2374696	**Collected On**	: 26/05/2025 9.36 AM
Age/Sex	: 4 Years 2 Months 2 Days / Female	**Reported On**	: 26/05/2025 11.52 AM
Ref. Doctor	: Dr.CMO	**Approved On**	: 26/05/2025 11.55 AM
Patient Type	: OPD	**Bill No**	: 251254867
Category	: General OPD	**Specimen**	: BLOOD
ID No	:		

Test Name	Result	Units	Bio.Ref.Interval
LFT (LIVER FUNCTION TEST)			
LFT(LIVER FUNCTION TEST)			
DIRECT BILIRUBIN,serum(DIAZO)	6.95 *	mg/dl	0 - 0.2
TOTAL BILIRUBIN,serum(DPD)	11.88 *	mg/dL	0.3 - 1.2
TOTAL PROTEIN,Serum(Biuret)	5.8 *	g/dl	6.4 - 8.3
ALBUMIN,Serum(BCG)	2.4 *	g/dl	3.5 - 5.2
GLOBULIN,Serum(Calculated)	3.4 *	g/dl	1.5 - 3.0
A/G RATIO , Serum(Calculated)	0.7 *		1.5 - 2.5
SGPT , Serum(UV-IFCC WITHOUT P5P)	788 *	IU/l	1 - 34
SGOT , Serum(UV-IFCC WITHOUT P5P)	2103 *	IU/l	1 - 31
ALKALINE PHOSPHATASE, Serum(PNPP AMP IFCC)	268	IU/L	134 - 346

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

Dr. NAVNEETA MISHRA
MD, BIOCHEMISTRY
CONSULTANT BIOCHEMIST

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