MISSION HOPP
An Effort Towards Changing

H.No.-203 , Gali No. -11
Geeta Colony , East Delhi
New Delhi - 110031

Date -

Reg. No -

Registration Form

- Patient Full Name ..... BABY MEENU .....
- Patient's Date of Birth 25/08/2025 Age 9/~~Months~~ ~~Yrs.~~
- Patient's Gender ..... FEMALE .....
- Patient's Guardian Name ..... PAWAN SAHU .....
- Relation With Child ..... FATHER .....
- Parmanent Address ..... LADHI NAGAR, FATEHGANJ WEST, BAREILLY .....

Dist. BAREILLY Pin Code 243501 State U.P.

- Contact Number +91- ..... ; +91 - .....
- Patient's Family Background ..... E-RICKSHAW DRIVER .....
- Parent / Guardian Proof AADHAAR ..... Id No. 894044284919
- Hospital Name (where patient admitted) ..... RML HOSPITAL, DELHI .....
- Name of Department ..... PAEDIATRICS, ICU, EGS BUILDING .....
- Disease (patient suffering from) ..... SEVERE DEHYDRATION, LUNGS COLLAPSE
- Doctor's Name (who treated the patient) Dr. ..... SANGEETA VERMA .....
- OPD Reg. No. 2026220042 62 Date 24/06/2026
- Approximate Treatment Cost ..... 60,000/- .....

(Parent / Guardian signature OR LTI)

- Registration No. (records in NGO) MH0145/2026 .....(Only Office Use)

Trustee/Authorised Signatory

011-45006398 support@missionhopp.org https://missionhopp.org

Name - Meenu
age/sex - 9 months
UHID - 2026220426
Dr. RML. Hospital -
Bed - 414, PICU
4th Floor

To
The Medical social service officer (MSSO)
New Delhi

Respected sir/Ma'am

A/M pt is case of AGE c̄ dehydration c̄ HAGMA (R) ? SAM ? avg. oedema c̄ Anemia (vit B12 def. + IDA) c̄ seizures c̄ GDD c̄ central hypotonia

Currently patient is on mechanical ventilator support c̄ minimal vent settings.

Child is planned for extubation to on BiPAP support

Kindly arrange the BiPAP machine for the child as family can't afford.

Rent price
Rs cost ~ 5000 - 6000 Rs
actual price → ~ 20,000 - 25,000

Thanking you

Dr Vidhya Bharti
PG 1
Dr RML Hospital
New Delhi

Dr. Prakash Gautam
Sr. Resident
Dept. of Paediatrics
ABVIMS and Dr. RML Hospital
New Delhi-110001

S Singh
17/06/26

Dr. Sandip ... MSSO
Medical Social ...
Dept. of ...
ABVIMS & Dr. RML Hospital
New Delhi-110001

ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES
& DR. RAM MANOHAR LOHIA HOSPITAL
PICU DAY CARE SHEET
DEPARTMENT OF PEDIATRICS

Name	Neeru	Date / Time- 21/6/26		DOA- 5/6/26
Age/Gender	9 ur/F	CR. No.-	34530	DOPICU- D20
Weight	6 kg.	Bed number	414	DOMV- D12
Diagnosis	AGE c̄ dehydration c̄ HAGMA c̄ IEM c̄ organic acidemia c̄ Anaemia (Grs +IDA) c̄ Rickets c̄ central hypotonia c̄ s/o/y COVID Eve.			

Current issues

	Issue	Intervention	Current status
i)	Resp. →	2 wks - CPAP mode	
	ventilating	saturation - 94 - 98%	
ii)	Infection →	fever spike ...	
iv)	circulation →	...	
		off ...	
iv)	CNS -	...	
		off ...	

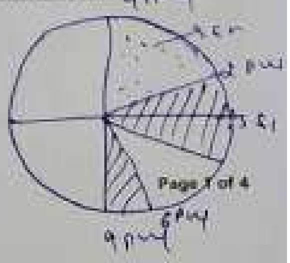
Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP / PS	Spont 5		PH	7.5	
Delta P / PEEP	5		PCO2	25.6	
RR (T/V)			HCO3	20.4	
FiO2	25%.		BE	-2.8.	
MAP			Po2	742	
VTe	...		OI / OSI		
COMPLIANCE			ICa	1.10.	
R/P Peak	CAG -96%		P/F ratio	350 2	
Min. Vent.					
CXR					
USG					

ET size	4 mm.
Fixed at	11 cm
Changed on	11/6/26

VAP—

ICDT—
(drain volume)
other drains



RMLH/PED/FM/06/, VER-01,w.e.f-01.12.25,REV-00

PLAN-

- Head end elevation in midline.
- ran / ccmail bundle care.
- change position q 4 hourly.
- Inj pintaz 600 mg + 10 ml NS IV TDS.
- w/H midaz / fentanyl for 2-3 hrs.
- Inj midaz infusion @ 0.1 ml/hr.
- Inj fentanyl infusion @ 0.2 ml/hr.
- NG feeds 40 ml q 2 hourly
- cont syp vit D3 / cal / levocarnitine / zinc / folate / MVBL / Ativan As on advised.
- w/f ...

Weight	6 kg.
TF R (%)	80%. 480ml.
Drugs	
Fluids	
Feed	full feeds.
Na	meq/kg/day
K	meq/kg/day

JR Signature

SR Signature

Dr. SANGEETA SAINI
Senior Resident
Dept. of Paediatrics
ABVIMS and Dr. RML Hospital
New Delhi-110001

ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES
& DR. RAM MANOHAR LOHIA HOSPITAL
PICU DAY CARE SHEET
DEPARTMENT OF PEDIATRICS

Name	Neeru	Date / Time-	22/6/26	DOA–	6/6/26
Age/Gender	10 m/F	CR. No. -	34520	DOPICU–	D19
Weight	6 kg	Bed number	414	DOMV–	D14
Diagnosis	AGE c dehydration c HAGMA c [illegible] c organic acidemia c anemia c SIg c IDA c Rickets c central hypotonia c AKI covid +ve.				

Current issues

Issue	Intervention	Current status
i) Resp –	↓ MV, [illegible]	SpO2 - 90%
↓ mild	vent settings,	chest → clear
ii) fluid –	↓ fluid 100 [illegible]	
	humidity [illegible]	
iii) circulatory –	[illegible] CRT - [illegible]	
	[illegible] warm	peripheries.
iv) infection	fever spike [illegible] ↓	[illegible] D2.

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP / PS	24/5	24/5	PH	7.43	
Delta P / PEEP	7/5	7/5	PCO2	22.6	
RR (T/V)	30/45	30/34	HCO3	15.2	
FiO2	20/90	23/94	BE	6.6	
MAP	7.9	8	Po2	180.9	
VTe	46	50	OI / OSI		
COMPLIANCE	6.4	7.2	ICa		
R/P Peak	22/13	22/12	P/F ratio	1200.2	
Min. Vent	1.67	1.70			
CXR					
USG					

ET size	[illegible]
Fixed at	11 cm
Changed on	11/6/26

VAP---
ICDT---
(drain volume)
other drains

SpO2 - 90%

Rt - b/l AE +, clear.

PLAN-

- Head end elevation to midline.
- VAP / CLABSI bundle care.
- change position q 4 hrly.
- Inj piptaz 600 mg + 10 ml NS IV TDS.
- Inj midaz undiluted @ 0.2 ml/hr.
- Inj fentanyl undiluted @ 0.2 ml/hr.
- NG feeds 40 ml q 2 hrly
- cont sup vit D3 / Iron / levocarnitine / B12 / folate / Biotin / Thiamine / as advised.
- w/f vitals.

Weight	6 kg
TF R (%)	80% 400 ml
Drugs	
Fluids	
Feed	full feeds
Na	meq/kg/day
K	meq/kg/day

JR Signature

Dr. SANGEETA SAINI
Senior Resident
Deptt. of Paediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

SR Signature

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

POST REFERRAL ADVISE

Reference Seen by ______________ **at** ______________ **(date and time)**

History and Examinations: 21/06/24 — Bedside USG KUB

Rt - 6.1 x 3.2 cm | B/L kidneys normal in size, shape & echotexture. CMD intact

Lt - 6.5 x 3 cm

U/B - Contracted

No Ascites

Diagnosis: ? Normal Ultrasound Study.

Advice: USG thorax to r/o Diaphragmatic palsy on limited USG machine

B/L diaphragm shows movement on M-Mode, however decrease in amplitude during inspiratory phase.

Right side 10mm.

Left side 9mm.

Adv. Clinical correlation

Dr. Harshita | Rg

Dr. Umesh

Dy Radiology SR

Signature:

Name/Stamp:

To follow up on ______________ (Date) with ______________ (Name, Unit) Repeat referrals to be sent to ______________ (Details of the unit)

PLAN- – Inj meropenem 300mg + 10ml NS BD

(i) head end elevation 30° | midline | VAP / CLABSI | CAUTI Bundle care

(ii) Change in position q 4hrly

(iii) Inf midazolam undiluted (1ml = 5mg) @ 0.4ml/hr (@ 4μg/kg/min)

(iv) Inf ketamine undiluted [1ml = 150mg] @ 0.9ml/hr (@ 25 mg/kg/hr)

(v) Inf fentanyl undiluted (1ml = 50μg) @ 0.5ml/hr [@ 4μg/kg/hr]

(vi) Syrup oseltamivir (12mg/1ml) 3ml ng BD (

(vii) Syrup vit D3 (400 IU/ml) 2.5ml NG OD

(viii) Continue levetiracetam / FA / Biotin as advised

(ix) Tab Calcium / B12 (500μg) 1 tab ng OD

(x) ng feeds 35ml q 2hrly

(xi) Syrup Potklor (2meq/15ml) 2.5ml ng TDS (@ 1.6 mg/kg/day)

(xii) Inj Pantop 10mg IV OD

(xiii) I/O monitoring

→ NEB c̄ Asthalin 1mg + 3ml NS x dose 0, 20, 40 → f/by 2 hrly

R = 52

B/L swelling ⊕

Weight	6 kg
TF R (%)	80ml/kg / 480ml
Drugs	37ml
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

JR Signature

SR Signature

RMLH/PED/FM/06/, VER-01,w.e.f-01.12.25,REV-00

7:19pm – Inf lasix 7.2mg + 24ml NS (@ 0.05mg/kg/hr)
I/O ↓ UO (0.83 ml/kg/hr) no features of shock

Weight	
TF R (%)	
Drugs	
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

PLAN-

- Head end elevation, 30° [illegible] [illegible] / [illegible] / [illegible] [illegible] [illegible] - position change 4 hrly
- Inj Cefotaxime 300 mg + 10 ml NS BD (2w)
- Inj Midaz undiluted (1 ml = 5 mg) @ 0.2 ml/hr (7)
- Inj Fentanyl undiluted (1 ml = 50 mcg) @ 0.4 ml/hr (12)
- Inj [illegible] undiluted (1 ml = 50 mg) @ 0.3 ml/hr (7)
- Syp Oseltamivir (12 mg/ml) 4 ml NG BD (4)
- Syp Vit D (800 IU/ml) 2.5 ml NG [illegible] (7)
- [illegible] [illegible] / [illegible] / [illegible] [illegible] [illegible]
- T [illegible] (500 mg) - [illegible] NG OD
- NG feeds 35 ml 2 hrly
- Syp potassium (20 meq/15 ml) 2.5 ml NG [illegible] (@ 1.6 meq/kg/day) (ignored telephonically by Resident)
- Inj Pantop 10 mg IV OD
- Inj [illegible] 1.5 ml + 20 ml NS IV over 2 hrs @ 0.5 mg/kg

5.6 - 2.6

History of T wave on ECG monitor.

JR Signature

SR Signature

Meem | 9 month / female | CR no - 4264, Bed no - 424

11/06/2016 8:15pm

ASE with dehydration with HAGMA with vit D deficiency / ? B12 defi.
fine & motor delay with ? Hypothyroidism / ? Iron

A/I ① Resp - child intubated @ 3:30pm today i/v/o - Tired work of Breathing.

Put on PSIMV mode of
Pi / PEEP / RR / SpO2 = 12 / 5.5 / 20 / 94%.
& FiO2 = 50%.

VTe = 7 mL/kg

X-ray - Off side white out
ET pulled out by 1cm

② Circulation - HR = 152/min.
NS - Bolus
peripheries warm.
CRT < 3sec.
BP = 89/50 (62)

Resp = 45
Temp = 41.4

③ Nutrition ➝ @ 20% TFR.

③ CNS - E4 VT M4 ↓ sedation
Midazolam - 0.1
fenta - 2.5
Vecu - 3.2
Pupil B/L dilated
Power 4/1/1
tone = ↓ sedation
Reflex / Plantars - B/L mute.

⑧ metabolic
Dx ➝ 134 mg/dL

④ Renal - urea / creat 3/0.20
catheterised @ 8:00pm.

@ 8:00am - UOP Good i/v/o negative (-60ml) balance

⑧ Sepsis / fever - afebrile
TLC - 3940 (64% L) - viral
CRP ↑ 0.05 mg/dL
occult mucoid

Adv
① pull out ET by 1cm
② start feeds
③ send S. NH3 / lactate c/-
④ USG diaphragm call c/-
- with decr. with NCB

⑥ GIT - P/A - soft NT ND
BS+
OT / PT = 68 / 47
TP / SA = 5.10 / 3.38.
passed stools twice

Syrup Vit D3 (400 IU / 1mL) 2.5ml OD.

NG → feed 30mL q

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ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES & DR. RAM MANOHAR LOHIA HOSPITAL

PICU DAY CARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Meenu	Date / Time-	11/6/2026	DOA-	5/6/26
Age/Gender	9mo/F	CR. No. -	4262	DOPICU-	D8
Weight	5kg	Bed number	414	DOMV-	
Diagnosis	AGE c dehydration ([illegible]) | vit D def c fine & motor delay (? IEM ? hypothyroidism) | ? upper airway obs [? Bronchospasm] c vit B12 def				

Current issues

Issue	Intervention		Current status
① Afebrile		Rh - B/L AE ↓↓	
② RD -	↓ HFNC - 45% 12 L/min	[illegible] ↑ WOB	[illegible]
③ ? DKA -	off insulin	RBS - [illegible]	
④ Circ -	off ionotropes	BP, HR - 137/[illegible] CRT < 3s, PP [illegible]	Hemodyn stable
⑤ CNS -	AF [illegible] Hypotonia		
⑥ Fluids	(NG TFR - [illegible] feed + fluids)		

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
PIP / PS		11+5/5	PH	7.40	
Delta P / PEEP		11/5	PCO2	24.1	
RR (T/V)		20/90	HCO3	17.3	
FiO_2	FiO_2 - 45%	- 40%	BE	-4.7	
MAP	Flow - 12 L/min	7.8	Po2	37.4	
VTe		34	OI / OSI		
COMPLIANCE		3.5	iCa	1.01	
R/P Peak		34/14	P/F ratio	370.2	
Min. Vent.		1.13	Lac 1.7		
CXR	(N)				
USG					

ET size		uncuffed 4.0 mm
Fixed at		12 cm
Changed on		

VAP—

ICDT—
(drain volume)

other drains

USG → Lt multiple B lines (more in Inf and)

Rt - 2-3 B lines - infrascapular region

RMLH/PED/FM/06/, VER-01,w.e.f.-01.12.25,REV-00

Pt intubated @ 3:30pm i/v/o poor resp. efforts (↑RO)
Rh - B/L AE ⊕, B/L crepts ⊕
↑WOB.

Inj MgSO4 - loading dose - comp.

PLAN-

Weight	6kg
TF	80%
R (%)	70% - 420
Drugs	(48ml)
Fluids	
Feed	
Na	meq/kg/day
K	meq/kg/day

Head end elevation in midline

- Inj Ceftriaxone - 300mg + 10ml NS BD (20)
- NG feed - 30 ml - 3hrly.

(add) Neb c Asthalin - (1mg + 3ml) - 0,20,40 till relieves.

(add) Inj Dexa - 3.6 mg iv stat.

- Neb c Ipravent - 250 mcg - 8hrly.
- Inf N/2 c D5 - (1:100 KCl) - @ 9ml/hr → stop

T/c Levocarnitin / B12 / FA / Biotin advised

- T/c vit D3 drops / syp Calcium
- vital monitoring
- Neb c Adr - @ hrly (0.2ml/kg)

After neb c Asthali + Dexa

↓

RR - ..., prolonged expi. (+)

@ 1:40pm (add) Sc Adr - 0.1mg - @20, 40 stat.

- (add) Inj Aminophylline - 36mg + 20ml NS over 30min.

↓ f/b

(86.4mg + 24ml NS) @ 1ml/hr (0.6mg/kg/hr)

@ 4:00pm ↑ Inf N/2 c D5 (1:100 KCl) @ 15ml/hr

(12) - Inj Midaz (undiluted) (1ml = 1mg) - @ 0.5ml/h → 0.3ml/hr ... undiluted

Inj Ketamine (undiluted) (1ml = 50mg) - 0.4ml/h → @ 0.9ml/h

JR Signature

Inj Fentanyl (undiluted) @ 0.2ml/h → 0.3ml/h

SR Signature

(add) Inj Oseltamivir (12mg/ml) - 2ml - BD x 5 days

(add) Inj Lasix (7.2mg + 24ml NS) @ 1ml/hr

- (add) Inj Hydrocort 12mg IV ... stop

Meenu | 9 month | Female | 6kg | 4262 Bed no - 414

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान
Atal Bihari Vajpayee Institute of Medical Sciences
डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली
Dr. Ram Manohar Lohia Hospital, New Delhi

05/08/20[illegible]
9:00pm

ROUTINE MICROBIOLOGY REPORTING FORM

C/o AGE c̄ dehydration c̄ DKA (severe) c̄ RF c̄ Vit D deficiency c̄ motor delay c̄ hypotonia to [illegible]
? Hypothyroidism

(i) Resp - ↓ HFNC supp c̄ 10L 35% SpO2 - 98-100%.
paradoxical breathing
no ICR ⊖
no SCR ⊖
B/L AE ⊕ exp. prolong. no crept
Xray - Ⓝ
POCUS. - A line pattern

(ii) Circulation - HR - 138/m
BP - 98/56 mm
Lactate - 2.4
PP @ volume peripheries LL - cold - improving
CRT < 3 sec. due Inotrope

(iii) CNS - E4V4M6 → irritable, cries but consolable.
making eye contact c̄ parents B/L pupils NSRL
Tone ↓ | ↓ / ↓ | ↓
DTR 1+ | 1+ / 1+ | 1+
B/L plantars mute.

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान
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Dr. Ram Manohar Lohia Hospital, New Delhi

ROUTINE MICROBIOLOGY REPORTING FORM

(iv) Renal - urea/creat - 3/0.14
UO - PID - 2.5ml/kg/hr - catheter removed since last 12hrs
SE - 142/4.2

(v) GIT - PA soft NT ND, liver ... spleen 5.5cm
SNP.

BS (+)

(vi) Metabolic - Dx = 117mg/dL
TP/S.A = 4.71/3.30
OT/PT = 25/24

(vii) Sepsis - Afebrile since admission, no vomiting, no loose stools. Imported D G.

(viii) metabolic - ... Hb = 14.3

Off sedative
Off Insulin infusion - since morning

(ix) DVT - ? ... PE
swelling (+), no oozing from drugs
PP @ ... palpable
Doppler blood flow (+) in femoralis, pedis ...
Diaphragmatic excursion (↓ Seg) ...

Adv
(1) RD & Dx monitoring.
(2) Plan to collect ... , Cr ... , HBA1c ... sepsis
(3) Inj MgSO4 3gm + 30ml ... over 30 minutes
(4) Inj SC Adr 0.06mg 1st ...

Meena 9mo/F CR - 2026204262

Date - 7/01/2026. Bed - 414/PICU. Wt - 6kg.

Dx - AGE c̄ dehydration c̄ severe HAGMA (?DKA ?IEM).
 c̄ vitB12 def. anemia (Macrocytic)

1. Afebrile - ↓ cefotaxim — TLC - 5800 ($N_{25}L_{75}$), Plt - 1.72 lakh, CRP - 0.3

2. ~~BD~~ HAGMA - pH - 7.489, HCO_3 - 13.8, pCO_2 - 18.0 — Lac 5.4 (5.2↓) (↑ing trend), RBS - 148

3. Respi - ↓ O_2 by NP @ 2L/min, RR - 30/min, Rb - B/L AE ⊕, chest clear, SpO_2 - 100%

4. Anemia - Hb - 7.2 - Received PRBC.
 MCV - 127.9
 VitB12 - 110.5 (↓)
 FA - 16.85 (N)
 S. Iron - 81.4
 TIBC - 266.4
 UIBC - 255.00
 Transferrin - 11.75 ↓

5. Circ - off ionotrops, hemodyn. stable. — BP - 98/60, HR - 178/min, CRT < 3s, PP/PV ⊕, peripherally warm.

6. Renal - Urea - 65 → 9 (?? err.), Creat - 1.41 → 0.18, Na^+/K^+ → 151/4.93. — U/O - 2.7 ml/kg/hr, 0.97 ml/kg/hr (last 6hrs), 24hrs → 2.3 ml/kg/hr

- -.20 am Meena | 3m | F CR - 04262

(P) CNS - GTA) good E4 V1 M6
Pupil B/L NSNR
Tone (N) (R)
off sed^n

(R)

(8) M&M -

7.2 / 5800 / N25 - L73 / 1.72000 lakh

OT / PT - 131/27

TP/ALB / S. glb - 7.3 / 3.4 / 1

Adv -
(1) Inj Insulin @ 0.3 ml/h
(2) IVF - N/2 c D5 c KCL @ 30 ml/h
[2 : 100]

- NG feed - 15 ml - 3 hrly - w/f tolerance.

- T/c Inj Vit B12 (1000 mg) - 2 tab - OD x 7 days
↓ then
alt day for 1 week
↓
2 times a week

post CST:
- T/c Tab FA | tab Biotin | syp Levocarnitine.

- RBS monitoring - 6 hrly

- ABG - 6 hrly

[signature] SR

USG - Rt side - mamma fly - 2-3 B-lines.

RO - +12.5% [ask to add lasix]

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Dr. Ram Manohar Lohia Hospital, New Delhi

PH.: 011-23404040, 23365525

आपातकालीन विभाग/EMERG

पंजीकरण कार्ड/Registration Card

UHID 20262204262
Ms MEENU · Female
DELHI, NEW DELHI (DELHI)
NON MLC
Casualty

Provisional Diagnosis:

Case seen at (Time):

Patient presented with ...ar complaints in ... 2 hours
☐ Yes ☐ No

General Physical Examination:
Pulse: 112 /min
BP: ______ mm Hg
Temp: afebrile
Resp: ______ /min
SpO2: 98 %
GCS - E4 V5 M6

Category of Patient:
Green ☐
Yellow ☐
Red ☐
Black ☐

No S/S Dehydration

Nutritional Status:
Obese ☐
Normal ☐
Malnourished ☐

given ORS

Pain Scoring (if applicable)
Mild ☐
Moderate ☐
Severe ☐

Chief Complaints:

History of Past Illness/Surgery/Food & Drug Allergy:

c/o loose stools 3-4 days (back) (3-4 episode) watery in nature, non-mucoid, non-blood stain ↓ was for 1 day → resolved

Systemic/Local Examination:
RR: 52/min
SCR (+)

R/S: B/L air entry (+) / wheeze (+)

NO ...

Cp fast breathing

Treatment Given:

c/o vomiting → 1 day, 2-3 episode / watery / non-projectile / non-bilious / non-blood stain

Started after

h/o vomiting and noisy breathing (+).

Referred to: ☐ Medicine ☐ Surgery ☐ Orthopaedics ☐ Paediatrics ☐ Any other
Referred time: ______ AM/PM

? Aspiration Pneumonia.

fast breathing (+)

Signature of Doctor in Triage / Casualty / ED (With Stamp)

अस्पताल में मौजूद जन औषधि केंद्र में सस्ती मूल्य पर दवाई उपलब्ध है।

ZONE - GREEN / YELLOW / RED

Emergency Ward No. ______________________ Received at ______________________ (Date & Time)

Patient Evaluation, Working Diagnosis & Care Plan:

Adv: 6/cy

11:45pm 4/6/16 — inj Emset 1mg i.v. stat ✓ 0, 20, 40

— Neb c̄ ADR (3ml)

— inj Sunct (1mg) i.v. BD

— inj Pan (40mg) i.v. SOS

— inj Tramadol (10mg) i.v. OD E/S

— NS + D5 (1:100 ml) @ 25ml/hr

CXR: (N) finding

— Plan to Gag Abx after Report

— Neb c̄ 3% NaCl q 2 hrly.

Case evaluation completed time: ______________________

Referred to / shifted to: ______________________

Junior Resident / Post Graduate / Senior Resident:

Name: ______________________ Date / Time ______________________ Signature (with stamp) ______________________

Dr. HARSH KAUSHAL ... New Delhi 110001

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT NAME: Meenu AGE: 9 months SEX: F

S/O,D/O,W/O: Pavan CONTACT NO.:

CR NO./UHID: 20262204262 BED NO./WARD:

MLC NO.(IF ANY): N/A DATE: 05/06/26 TIME: 2:30

ADDRESS:

ADMITTED WITH COMPLAINT OF: Loose stool 2 day ago

HISTORY OF PRESENT ILLNESS: episodes / watery in nature / non-foul smelling / non-mucoid / non-blood stain

HISTORY OF PAST ILLNESS: Mother started giving

RISK FACTORS: the Baby ORS — c/o vomiting 2 episodes / watery in nature / non-projectile / non-blood / non-bilious

...CAL EXAMINATION: c/o fast breathing gradually progressive a/w chest retraction a/w noisy breathing (+)

GENERAL PHYSICAL EXAMINATION:

BP(mmHg): N/A

PULSERATE (PER MINUTE): 132/min good vol regularly rhythm @ all peripheral

TEMPERATURE: Afebrile

SpO₂%: 98% RA

RR: 55/min SCR(+) / ICR(+)

PALLOR: (−)

OEDEMA: (−)

ICTERUS: (−)

CLUBBING: (−)

Cyanosis (−)

LN (−)

No H/o fever / cough / cold / ear discharge

CVS: S1S2 (+) / No murmur appreciated

P/A: Soft/non-tender / S3 NE / BS (+)

CNS: Irritable / AFE Level / consolable

CHEST:

No h/o SOB cough
no h/o Blurring Discharge of [illegible]
no h/o Feeding Difficulties
no h/o abdominal distension
no h/o pallor / bleeding
no h/o [illegible]
no foreign body ingestion
Prior no prior admission in the past

SURGICAL EXAMINATION:

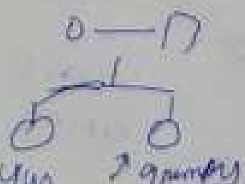
B/L AE (+)
[illegible] NVBS (+)
No Added sound

Birth h/o: Inst delivery / [illegible] / NVD / [illegible] (CIBS)
B wt - 2.5 / No NICU Stay

GYNECOLOGICAL EXAMINATION:

Immunization h/o: Immunized as per age / acc to NIS

Family h/o:



Non-consanguineous marriage
No such complaints in the past

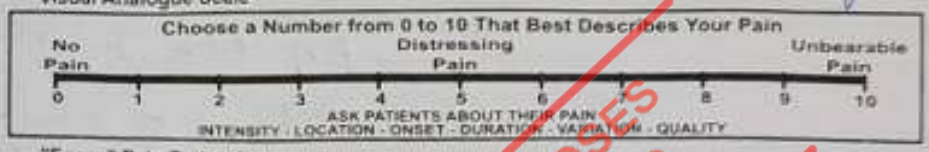
EYE:

ENT:

PAIN ASSESSMENT :

Figures: Tools Commonly used to Rate Pain

Visual Analogue Scale



"Faces" Pain Rating Scale

DRUG ALLERGY:

INVESTIGATIONS DONE OUTSIDE, IF ANY:

INVESTIGATIONS ADVISED:

NUTRITIONAL SCREENING : OBESE/NORMAL/MALNOURSISHED

PROVISIONAL DIAGNOSIS:

CARE PLAN

Adv: 6 Hrs

2

- CBR
- Stabilize ABC
- CBR

* NPO Till further order
(1) O_2 Support via Nasal Prong @2L/min
(2) IVF $N/2 + D_5$ C 1:100 kcl @ 25ml/hr
(3) inj Emeset (1mg) I.V SOS
(4) inj PCM 600mg I.V SOS
(5) inj Pantop 40mg I.V OD
(6) Neb with 3% (2ml) NaCl 2 hrly
(7) Plan to Add Abx after reports
(8) Monitor RD 1/day

PREVENTIVE CARE:

☐ VACCINATION/IMMUNIZATION
☐ DIET MODIFICATION
☐ SMOKING CESSATION
☐ EXERCISE
☐ CONTRACEPTIVES
☐ BED SORE PROPHYLAXIS
☐ ALCOHOL/SUBSTANCE ABUSE
☐ DVT PROHYLAXIS ☐ YES ☐ NO

Wells Clinical Prediction Rule for Deep Venous Thrombosis (DVT)

Clinical feature	Points
Active cancer (treatment within 6 months, or palliation)	1
Paralysis, paresis, or immobilization of lower extremity	1
Bedridden for more than 3 days because of surgery within 4 weeks)	1
Localized tenderness along distribution of deep veins	1
Entire leg swollen	1
Unilateral calf swelling of greater than 3 cm (below tibial tuberosity)	1
Unilateral pitting edema	1
Collateral superficial veins	1
Alternative diagnosis as likely as or more likely than DVT	-2
Total points	

DVT = deep venous thrombosis.
Risk score interpretation (probability of DVT):

- >/=3 points: high risk (75%).
- 1 to 2 points: moderate risk (17%).
- <1 point: low risk (3%).

Restraint Required ☐ Yes ☐ No

☐ ANY OTHERS: (PREVENTIVE CARE:)

SR. RESIDENT:

NAME: Dr Rohan DATE/TIME 05/06/24. SIGNATURE

FACULTY:

NAME: DATE/TIME SIGNATURE

5/6/21 4:00

PICU Call

Meenu
9 m/F
(P1)
Bed 3rd

SR/PED
Rept. @ PICU

Respected Sir/ma'am,

Above mentioned c/o Aspiration pneumonia came c/o vomiting, c/o fast breathing & noisy breathing. Pt had loose stools for which ORS was given → following which patient vomited. c/o noisy breathing & fast breathing.
CNS - ... RS - B/L AE (+). Chest clear.
SpO_2 - 98% ... RR - 52/min
SCR (+)

Now pt is having worsening of RD.
Kindly consider transfer to your side for better monitoring & i/v/o need of HFNC / vent.

Thanking you

Dr. Manasi ...

Noted
5/6/21, 2:30 am

Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT NAME: Nelma AGE: 9M SEX: F

S/O,D/O,W/O: _____ CONTACT NO.: _____

CR NO./UHID: _____ BED NO./WARD _____

MLC NO.(IF ANY) _____ DATE: 5/6/2026 TIME: _____

ADDRESS: _____

ADMITTED WITH COMPLAINT OF: c/o vomiting (x1d) 5d back → 3d back
loose stools (x5) 4d back
fever (x3d)
fast breathing (x2d)

HISTORY OF PRESENT ILLNESS:
patient was apparently normal 5 days back after which she had vomiting - 2 episodes, Non Bilious, Non projectile, containing food particles, not associated with Blood

HISTORY OF PAST ILLNESS:
H/o loose stools 4 day back, last for one day, 4-5 episodes watery, not foul smelling, not associated with Blood / mucus.

RISK FACTORS: H/o fever x 3d, intermittent, undocumented, on and off, relieved by medications
H/o difficulty in breathing x2d (followed by vomiting)

LOCAL EXAMINATION: No H/o cough / cold / Bluish discoloration of lips & extremities
No H/o sick rest cycle / forehead sweating during feeds
No H/o Abdominal distention, reduced urine output

GENERAL PHYSICAL EXAMINATION:

BP(mmHg):

PULSERATE (PER MINUTE): 156/min

TEMPERATURE:

RR - 46/minute

SpO2% - 100% @ HFNC < 12L 50%

PALLOR:

OEDEMA: ⊖

ICTERUS: ⊖

CLUBBING: ⊖

No H/o reduced activity
No H/o Altered sensorium
Abnormal body movements

CVS: - S_1S_2 ⊕, M⊖

P/A: - Soft, NT, ND, L-1cm BPCM S-NP

CNS: - Active, Alert Moving all 4 limbs
Tone N/N N/N DTR 2+/2+
Plantar ↑/↑

CHEST: - B/L AE ⊕
chest clear, SCP ⊕

SURGICAL EXAMINATION:

Antenatal H/o:

T_1	T_2	T_3
Pregnancy confirmed by UPT at home (2 weeks of missed period)	Anaemia @ 5m	DFMC adeamate
	IFA intake ⊕	IFA intake ⊕
No H/o fever/rash/excessive vomiting	No H/o Fever/rash	No H/o Fever/rash
H/o FA tablet intake ⊕	No H/o Drug intake	No H/o Bleeding PV
No H/o Drug intake/radiation exposure	No H/o HTN/GDM	H/o leaking PV @ 9m
	No H/o Bleeding/Leaking PV	Admitted

GYNECOLOGICAL EXAMINATION:

Birth H/o: single/Term/Normal vaginal Delivery/
cried immediately after Birth / B.weight - 1975gram/
No NICU stay

Past H/o:

No H/o similar illness/previous hospital admissions
No H/o Jaundice Neonatal

Treatment H/o:

Child was admitted at outside hospital for this i/v/o above mentioned complaints & received NF, inj cefotaxime, inj Amikacin put on oxygen support & inj NAC referred to MGMH for further

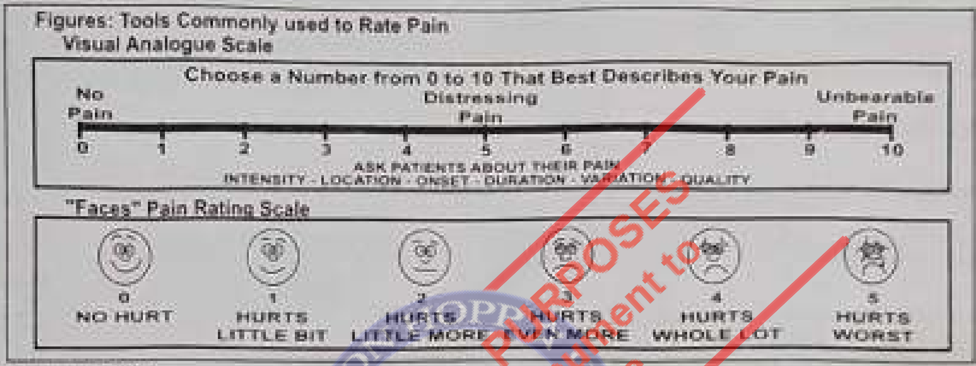
EYE: Immunization H/o: Immunized upto 3.5 months of age

Diet H/o: On Breast feeds.

ENT: Family H/o:

Non Consanguinous Marriage
No H/o similar illness in family
4y 9m
No h/o abortions / still births

PAIN ASSESSMENT :



DRUG ALLERGY:

INVESTIGATIONS DONE OUTSIDE IF ANY:

10750
7.4 / 4.6
52/44
U/Cr - 10.4 /
Na/K - 140 / 4.4

pH - 7.05
pCO2 - 18.4
HCO3 - 5.3

INVESTIGATIONS ADVISED:

Allergic E4V5M6
B/L - NSNR
T/T. Tone. (N) in all 4 limbs
DTR - 2+/2+
Plantar ↑/↑

NUTRITIONAL SCREENING : OBESE/NORMAL/MALNOURSISHED:

PROVISIONAL DIAGNOSIS: AGE c Severe dehydration
DD
Diabetic Keto Acidosis /
Inborn Errors of metabolism

MC-7078

Patient Name	**: Baby. MENNU**	Specimen Drawn ON	: 07/Jun/2026 10:00AM
Age/Gender	: 9 Months /F	Specimen Received ON	: 07/Jun/2026 03:46PM
UHID/MR No	: ADEL.0004927080	Report Date	: 07/Jun/2026 05:31PM
Barcode No	**: D6620140**	Client Code	: DL1492
Ref Doctor	: Dr.SELF	Visit ID	: MDEL4930971
Ref Customer	: SELF	Client Name	: DR CHOUDHARY PEHLWAN

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
IRON PROFILE BASIC				
Iron, Serum	31.4	ug/dL	25-112	Colorimetric
Total Iron Binding Capacity-(TIBC)	266.4	ug/dL	250-400	Spectro-photometry
UIBC-SERUM	235.00	ug/dL	110-370	Direct Determination with Ferrozinc
Transferrin Saturation	**11.79**	%	16-50	Calculated

Total iron-binding capacity

The test measures the extent to which iron-binding sites in the serum can be saturated. Because the iron-binding sites in the serum are almost entirely dependent on circulating transferrin, this is really an indirect measurement of the amount of transferrin in the blood.

Taken together with serum iron and percent transferrin saturation clinicians usually perform this test when they are concerned about anemia, iron deficiency or iron deficiency anemia. However, because the liver produces transferrin, liver function must be considered when performing this test. It can also be an indirect test of liver function, but is rarely used for this purpose

Transferrin Saturation

1g of transferrin can carry 1.43g of iron. Normally, iron saturation of transferrin (transferrin saturation) is between 10% and 50%. Because of its short half-life, transferrin values decrease more quickly in protein malnutrition states and should be taken into consideration while evaluating iron-deficiency states

This report has been validated by:

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
LAB HEAD
REGD NO. 21087

QR CODE

MC-7078

Patient Name	**: Baby. MENNU**	Specimen Drawn ON	: 07/Jun/2026 10:00AM
Age/Gender	: 9 Months /F	Specimen Received ON	: 07/Jun/2026 03:46PM
UHID/MR No	: ADEL.0004927080	Report Date	: 07/Jun/2026 05:21PM
Barcode No	**: D6620140**	Client Code	: DL1492
Ref Doctor	: Dr.SELF	Visit ID	: MDEL4930971
Ref Customer	: SELF	Client Name	: DR CHOUDHARY PEHLWAN

DEPARTMENT OF IMMUNOASSAY

Test Name	Result	Unit	Bio. Ref. Range	Method
Folic Acid	16.85	ng/ml	3.1-19.9	Chemiluminescence Immunoassay (CLIA)

Comments:-

Folic acid, also known as folates, are class of vitamin compounds, essential for nucleic acid and mitochondrial protein synthesis, amino acid metabolism and aids in rapid cell division and growth. Deficiency seen in pregnancy, low dietary intake, macrocytic and megaloblastic anaemia, drugs (phenytoin, methotrexate,sulphasalazine, triamterene, pyremethamine, trimethoprim-sulphamethoxazole, barbiturates and oral contraceptives), chronic alcoholism, Crohn's disease, Celiac disease, malabsorption syndromes, ileo-jejunal surgeries. Deficiency is also associated with neural tube defects in developing embryo.

Low serum folate levels reflect the first stage of negative folate balance.

Low RBC folate reflects second stage of negative folate balance and more closely correlates with tissue levels and megaloblastic anaemia.

This report has been validated by:

DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. NEERU AGARWAL
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LAB HEAD
REGD NO. 21087

QR CODE

MC-7078

Patient Name	**: Baby. MENNU**	Specimen Drawn ON	: 07/Jun/2026 10:00AM
Age/Gender	: 9 Months /F	Specimen Received ON	: 07/Jun/2026 03:46PM
UHID/MR No	: ADEL.0004927080	Report Date	: 07/Jun/2026 05:24PM
Barcode No	**: D6620140**	Client Code	: DL1492
Ref Doctor	: Dr.SELF	Visit ID	: MDEL4930971
Ref Customer	: SELF	Client Name	: DR CHOUDHARY PEHLWAN

DEPARTMENT OF IMMUNOASSAY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
Vitamin B12 Level	**110.9**	pg/mL	211-911	Chemiluminescence Immunoassay(CLIA)

Comments

Vitamin B_{12} along with folate is essential for DNA synthesis and myelin formation. Vitamin B_{12} deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/ megaloblastic anemia.

Decreased levels are seen in:	Increased levels are seen in:
anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advancing age	renal failure, hepatocelluar disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills

*** End Of Report ***

This report has been validated by:

Pawan Kumar
DR. PAWAN KUMAR
Phd. BIOCHEMISTRY
CONSULTANT BIOCHEMIST

DR. ANIL GUPTA
M.B.B.S , M.D. (PATH)
SR. CONSULTANT PATHOLOGIST
REGD. NO. 5015

DR. NEERU AGARWAL
M.B.B.S , M.D. (PATH)
LAB HEAD
REGD NO. 21087

QR CODE

METROPOLIS

260325519122892

Name	: **Baby of. MENNU**	**VID No.**	: 260325519122892
Age / Gender	: 9 Month(s) / Female	**PID No.**	: P39226571154047
Contact No.	:	**Referred by**	: SELF
Address	: ..	**Registered On**	: 08/06/2026 4:44 PM
Pin code	:	**Collected On**	: 08/06/2026 4:41PM
		Reported On	: 11/06/2026 6:35 PM

Neoxpert Screening Panel - 42 Analytes

(Dried Blood Spot)

Investigation	Observed Value	Unit	Biological Reference Interval
Alanine	223.21	µM	132.00-826.51
Aspartic acid	20.25	µM	<420
Arginine	10.47	µM	5.40-53.9
Citrulline	10.06	µM	8.64-42.7
Glutamic acid	304.32	µM	207.00-1577.75
Glycine	511.43	µM	187-767
Leucine + Isoleucine	74.31	µM	64.0-235
Lysine	127.47	µM	98.66-416.44
Methionine	3.84	µM	3-44
Ornithine	30.99	µM	28.33-392.50
Phenylalanine	34.27	µM	33-97
Proline	162.41	µM	107.18-233
Serine	28.31	µM	24.85-966.70
Tyrosine	36.26	µM	34-207
Valine	63.62	µM	57-212
Acylcarnitines	-	µM	
Free Carnitine (C0)	12.61	µM	11-59
Aceylcarnitine (C2)	4.49	µM	3-52
Propionylcarnitine (C3)	1.19	µM	0.39-4.50
Malonylcarnitine (C3DC) C4OH	0.17	µM	0.04-0.33
Butyrylcarnitine (C4)	0.15	µM	0.08-0.75
Isovalerylcarnitine (C5)	0.05	µM	0.05-0.39
Tiglylcarnitine (C5:1)	0.02	µM	0.00-0.08
Glutaryl Carnitine (C5DC) C6OH	0.03	µM	0.00-0.21
OH-isovalerylcarnitine (C5OH) C4DC	0.09	µM	<0.40
Hexanoylcarnitine (C6)	0.02	µM	0.02-0.18
3-Methylglutarylcarnitine (C6DC)	0.02	µM	0.02-0.17
Octanoyl Carnitine (C8)	0.02	µM	0.02-0.21
Decanoylcarnitine (C10)	0.02	µM	0.02-0.26
Dodecanoylcarnitine (C12)	0.04	µM	0.04-0.41
Dodecenoylcarnitine (C12:1)	0.01	µM	0.01-0.27
Tetradecanoylcarnitine (C14)	0.07	µM	0.07-0.50
Tetradecenoylcarnitine (C14:1)	0.03	µM	0.03-0.37

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Dr. VARSHA BIRLA
MD, DNB (BIOCHEMISTRY)
HOD Clinical Chemistry
Reg no. 2010041116

MEDICAL LABORATORY REPORT

** Referred Test

Sample Collected At:
Gb Pant & Lnjp Hospital, Lnjp Hospital Delhi Gate Delhi 110002

www.missionhopp.org

Processing Location :
Processing Location Metropolis Healthcare Ltd,Unit No409-416,4th Floor,Commercial Building-1,Kohinoor Mall,Mumbai-70

Name	**: Baby of. MENNU**	**VID No.**	: 260325519122892
Age / Gender	: 9 Month(s) / Female	**PID No.**	: P39226571154047
Contact No.	:	**Referred by**	: SELF
Address	: ..	**Registered On**	: 08/06/2026 4:44 PM
Pin code	:	**Collected On**	: 08/06/2026 4:41PM
		Reported On	: 11/06/2026 6:35 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Tetradecadienoylcarnitine (C14:2)	0.01	µM	0.01-0.09
Palmitoylcarnitine (C16)	0.38	µM	0.36-5.29
Hexadecenoylcarnitine (C16:1)	0.07	µM	0.07-0.33
3-OH-hexadecenoylcarnitine (C16:1OH)	0.01	µM	0.01-0.13
3-OH-hexadecanoylcarnitine (C16OH)	0.01	µM	0.01-0.08
Octadecanoylcarnitine (C18)	0.15	µM	0.13-1.20
Octenoylcarnitine (C18:1)	0.61	µM	0.49-2.50
3-OH-octadecenoylcarnitine (C18:1OH)	0.01	µM	0.01-0.07
Octadecadienoylcarnitine (C18:2)	0.06	µM	0.06-0.60
3-OH-octadecanoylcarnitine (C18:OH)	0.01	µM	0.001-0.06

Result Interpretation- The sample was received for IEM screening in DBS & showed levels of Amino acids & Acyl carnitines within normal limits. No further follow-up is required. Please correlate this report with clinical findings & other diagnostic modalities (Lab Tests, Radiology etc).

Method

: - TANDEM MASS SPECTROMETRY (LC-MS/MS) REPORT

Note

:

1. It is preferred to receive blood sample before starting any treatment or blood in critically ill patients
2. A repeat/confirmatory testing is recommended as per the international standards in newborn & high-risk screening
3. The normal report does not rule out other IEMs. A negative screening result does NOT rule out the possibility of a disorder.
4. The above data is not permitted to use/reproduce either partially or whole without permission.

Disclaimer:

- The results are relevant for the present dried blood specimen only
- The screening services and materials are not a substitute for medical advice, diagnosis or treatment.
- This report cannot be used for medicolegal purpose.

Amino Acid Disorder List	
Disorder	Primary Biomarkers
Argininemia (ARG)	Arginine
Argininosuccinic Aciduria (ASA Lyase)	Citrulline
Carbamoylphosphate Synthase Deficiency (CPS)	Citrulline
Citrullinemia (CIT-I)	Citrulline
Homocystinuria (HCY)	Methionine
Hypermethioninemia (MET)	Methionine

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Dr. VARSHA BIRLA
MD, DNB (BIOCHEMISTRY)
HOD Clinical Chemistry
Reg no. 2010041116

METROPOLIS

260325519122892

Name	: **Baby of. MENNU**	**VID No.**	: 260325519122892
Age / Gender	: 9 Month(s) / Female	**PID No.**	: P39226571154047
Contact No.	:	**Referred by**	: SELF
Address	: ..	**Registered On**	: 08/06/2026 4:44 PM
Pin code	:	**Collected On**	: 08/06/2026 4:41PM
		Reported On	: 11/06/2026 6:35 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Hyperammonemia, Hyperornithinemia, Homocitrullinemia (HHH Syndrome)	Ornithine and homocitrulline		
Hyperornithinemia with Gyrate Atrophy (HOGA)	Ornithine		
Maple Syrup Urine Disease (MSUD)	Leucine plus isoleucine and/or valine		
Liver Disease	Various biomarkers		
Phenylketonuria (PKU) –	Phenylalanine		
1.Classical Hyperphenylalaninemia			
2.Biopterin Cofactor Deficiencies			
Tyrosinemia –	Tyrosine		
1. Transient Neonatal Tyrosinemia			
2.- Tyrosinemia Type I 3. Tyrosinemia Type II4. Tyrosinemia Type III			
Acylcarnitine & Organic Acid Disorder List			
Disorder	Prim. Biomarker (Acylcarnitines)		
2,4-Dienoyl-CoA Reductase deficiency (DE-RED)	C 10:2		
2-Methyl-3-hydroxybutyryl-CoA Dehydrogenase Deficiency	C5-OH		
(2M3HBA)			
2-Methylbutyryl-CoA Dehydrogenase Deficiency (2MBG)	C5		
MitochondrialAcetoacetyl-CoA Thiolase Deficiency (BKT)	C5:1 &/C5-OH		
3-Hydroxy-3-methylglutaryl-CoA Lyase Deficiency (HMG)	C5-OH		
3-Methylcrotonyl-CoA Carboxylase Deficiency (3MCC)	C5-OH		
3-Methylglutaconyl-CoA Hydratase Deficiency (3MGA)	C5-OH		
Carnitine/Acylcarnitine Translocase Deficiency (CACT)	C16		
Carnitine Palmitoyl Transferase Deficiency Type I (CPT-I)	C16		
Carnitine Uptake Deficiency (CUD)	C0 (Free Carnitine)		
Glutaric Acidemia Type 1 (GA-1)	C5DC		
Isovaleric Acidemia (IVA)	C5		
Isobutyryl-CoA Dehydrogenase Deficiency (IBG)	C4		
Long Chain Hydroxy Acyl-CoA Dehydrogenase Deficiency (LCHAD)	C16-OH and/or C18:1-OH		
Malonic Aciduria (MAL)	C3DC		
Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCAD)	C8		
Mitochondrial Acetoacetyl-CoA Thiolase Deficiency (ßKT)	C5:1 and/or C5-OH		
Methylmalonic Acidemias (MMA) - 1.Methylmalonyl-CoA	C3		
Mutase Deficiency (MUT) 2.Some Adenosylcobalamin Synthesis			
Defects (CBL A, B/CBL C, D) 3.Maternal Vitamin B12 Deficiency			
Multiple Acyl-CoA Dehydrogenase Deficiency (MADD or GA-2)	C4-C18 saturated and unsaturated species		

Name	**: Baby of. MENNU**	**VID No.**	: 260325519122892
Age / Gender	: 9 Month(s) / Female	**PID No.**	: P39226571154047
Contact No.	:	**Referred by**	: SELF
Address	: ..	**Registered On**	: 08/06/2026 4:44 PM
Pin code	:	**Collected On**	: 08/06/2026 4:41PM
		Reported On	: 11/06/2026 6:35 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Multiple CoA Carboxylase Deficiency (MCD)	C5-OH and/or C3		
Acylcarnitine & Organic Acid Disorder List			
Disorder	Prim. Biomarker (Acylcarnitines)		
Trifunctional Protein Deficiency (TFP)	C16-OH and/or C18:1-OH		
Very Long Chain Acyl-CoA Dehydrogenase Deficiency (VLCAD)	C14:1		
Neonatal Carnitine Palmitoyl Transferase Deficiency Type-II (CPT-II)	C16		
Propionic Acidemia (PROP)	C3		
Short-chain Acyl-CoA Dehydrogenase Deficiency (SCAD)	C4		
Short-Chain Hydroxyacyl-CoA Dehydrogenase Deficiency (SCHAD)	C4-OH		

References:

1. Clinical validation of cutoff target ranges in newborn screening of metabolic disorders by tandem mass spectrometry: Aworldwide collaborative project David M. S. McHugh, Cynthia A. Cameron, PhD, Jose E. Abdenur, MD, Mahera Abdulrahman, MD, PhD, Ona Adair, PhD.
2. Selective Screening for Inborn Errors of Metabolism: A Report of Six Years Experience Esra Dogan, Sezer Uysal,* Yesim Ozturk, Nur Arslan, and Canan Coker.
3. Amino Acids and Acylcarnitines Reference Values for Neonatal Screening of Inborn Errors of Metabolism in Colombia by Tandem Mass Spectrometry Antonio Bermúdez, Dora Robayo , Gloria Porras, María Amparo Acosta

-- End of Report --

MC-2139

Test Marked with NABL symbol are in the scope of accrediation

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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MD, DNB (BIOCHEMISTRY)
HOD Clinical Chemistry
Reg no. 2010041116

MEDICAL LABORATORY REPORT

** Referred Test

Sample Collected At:
Gb Pant & Lnjp Hospital, Lnjp Hospital Delhi Gate Delhi 110002

www.missionhopp.org

Processing Location :
Processing Location Metropolis Healthcare Ltd,Unit No409-416,4th Floor,Commercial Building-1,Kohinoor Mall,Mumbai-70