



**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 MISHRI
- * Patient's Date of Birth 1 DEC / 2025 Age 2 Months Yrs.
- * Patient's Gender FEMALE
- * Patient's Guardian Name LAL CHAND
- * Relation With Child FATHER
- * Permanent Address SPYM 10 HP 163/164/10, 3082782, 11/9
ARUNA ASAF ALI ROAD, opp. Section - B-4, VASANT KUNJ
Dist. VASANT KUNJ Pin Code 110070 State DELHI
- * Contact Number +91- ; +91-
- * Patient's Family Background DAILY WAGE LABOUR
- * Parent / Guardian Proof AADHAAR Id No.
- * Hospital Name (where patient admitted) RML HOSPITAL DELHI
- * Name of Department PAEDIATRICS Department IP2B WARD -2
- * Disease (patient suffering from) SEVERE FAILURE INFANTILE CHOLESTASIS
- * Doctor's Name (who treated the patient) Dr. VISHAL KUMAR
- * OPD Reg. No. 20262385128 Date 13 / Aug / 2026
- * Approximate Treatment Cost 5000/-

लाल चंद

(Parent / Guardian signature OR LTI)

* Registration No. (records in NGO) MH/49/2026 (Only Office Use)



011-45006398 support@missionhopp.org



<https://missionhopp.org>

lot - 12/8 3-5kg

1932 से स्वास्थ्य सेवा में
IN HEALTH CARE SERVICES SINCE 1932

भारत सरकार
Government of India

ए.बी.वी.आई.एम.एस. एवं डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi

जिन्दगी चुने : तम्बाकू नहीं
CHOOSE LIFE : Not Tobacco

केस शीट / CASE SHEET

(क) भर्ती संबंधी आँकड़े

के.ए. संख्या/CR No.
यूनिट नं./Unit No.
यूनिट अध्यक्ष/के तहत
Unit Head/Admitted in
भर्ती की तारीख एवं समय
Date & Time of Admissi

UHD: 20262385128 IPD ID: 260948275 Page: 1 of 2
Admission Date: 27/05/2025 12:18 PM General
Age: 41 years (FEMALE)
Gender: F
Address: 141, CHANDI ROAD, NEW DELHI-110028
ASST. DR. VIKAS KUMAR
NEW DELHI, INDIA
Country: INDIA
Barcode
With MRG
Specialist

R No.
(हाँ)/(No) हाँ/हाँ Yes/No

(ख) रोगी के संबंध में आँकड़े/Patient Data:

नाम/Name	उम्र/वय/आयु/Age & Sex
माता/पिता/पति का नाम Mother/Father/ Husband's Name	सं.वि./अपातकालीन सं.वि./अपातकालीन Emergency No.
पता/Address	के.स.सं.सं. सं. सं. सं. CGHS Token No.

(ग) चिकित्सक आँकड़े/Clinical Data:

अंतिम निदान/ Final Diagnosis	आईसीडी कोड/ ICD Code
अपवाई गई शल्यक्रिया/ Operative Procedure	ऑपरेशन की तारीख/ Date of Operation

(घ) छुट्टी/मृत्यु संबंधी आँकड़े/Discharge/Death Details:

छुट्टी की योजना की तिथि/ Date of Plan of Discharge	छुट्टी की योजना का समय/ Time of Plan of Discharge
छुट्टी/प्रेरित करने/लागू/कारण मृत्यु होने की तारीख एवं समय Date & Time of Discharge/ Referral/LAMA/Abse/Death	अस्पताल में भर्ती रहने की अवधि/ Hospital Stay मृत्यु का कारण/ Cause of Death

	जूनियर रेजिडेंट Junior Resident	सीनियर रेजिडेंट Senior Resident	चिकित्सकीय अधिकारी/प्रमुख/यूनिट अध्यक्ष Med. Officer/Faculty/Unit Head
नाम/Name			
हस्ताक्षर/Signature			

7. ЕНТРА $\in$ $\mathbb{R}^{n \times n}$.

Paediatrics PEDH/RCO
UNR 30RD Building, CPO
BUILDING 3rd FLS
KONM 2



INITIAL ASSESSMENT / FOLLOW - UP

A can of Neosporin ointment
 Justice started at 2 wks of age.
 Now baby is 9 weeks old.
 Took the spoon T1+.

hairs on the left face
happiness poor

A can of WD-40
Justice started
Now going to
Rank of son
born on 21
Kypine
Adm.

sch.

Apurva (R.B.)
(100% Visual)

Adm.
Adm. ECS(1) floor & working for
neurological deterioration & alcoholic
sepsis

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7/8/26

DOCTOR'S NAME SIGNATURE & STAMP, DOSAGE TO BE MENTIONED

अपने घर बैठे रोज़ाना बिना किसी खर्च के अपने बीमारों को ठीक करा ले सकते हैं अधिक जानकारी को लिए (संको. 942 81 78, 942 81 79)।

You can consult your doctor through telemedicine from your home for more details, please

अनुमानतः जहाँ समय बड़ा काई दुनिया अपने पास रखे।

Always bring this card with you when you come to hospital.

सबकुछ जैविक दवाही भी जारी की जा सकती है।

Equivalent generic medicines can also be issued

HIOPDFM/01/VER-02, w-1-01.08.24, REV-01 जलपताल में मौजूद जन औषधि केंद्र में सस्ते मूल्य पर दवाई उपलब्ध है।

Medical Social Service

Medical Social Service Officer,
RML Hospital,

August / 2026

Respected Sir/Ma'am;

Mishri,

9mo / female

20262385128

LP2B, Ward-3

Bed NO - 19

1) C/o Severe Failure to thrive & infantile Cholestasis

2) SAM & Hypertriglyceridemia & Unimmunised status

(use & evaluate), Pt current ~~Severely ill~~ progressively,

is sick. Patient's family was very poor.

Investigate Patient for Hemophilia, GUT, Hepatitis which

are Normal. We are planned to investigate for

possible familial intrahepatic Cholestasis for which

the exome sequencing has been planned.

In Med genome Lab costing around 7,500 MRP.

It is very essential for Patient treatment

and improving its illness.

Kindly consider this Pt for your under care

making you

Dr. Ashish Kumar
MD, FRCP, FRCR, FRCGS, FRCR
Consultant, Dept. of Paediatrics
RML Hospital, New Delhi-110001

Dr. Ashish Kumar
MD, FRCP, FRCR, FRCGS, FRCR
Consultant, Dept. of Paediatrics
RML Hospital, New Delhi-110001

Test Name for which
Pt need help:
WHOLE EXOME SEQUENCING

Lab: ① Life Cell -
(Rishi Tonar 9810812792)
② Med Genome
Approx. cost Rs 7500/-

Test
V.IMP
for
Further
Rx

Not for official purposes
We have cross this document
for the lab forwarded to Mission Hopp
13/08/26
As a subject / PUSHPALATA
RML Hospital, New Delhi-110001
Adv. Dr. Ashish Kumar
RML Hospital, New Delhi-110001

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

रक्षित / Nursing Home..... भोजन प्रपत्र / Diet Form..... दिनांक / Date.....

कमरा नं. Room No.	सा. भो. शाका. O.D. Veg.		अंडे, मांस. Eng. Non-Veg.					अतिरिक्त Extras		
	चपाती Chapati	चावल Rice	चपाती और चावल Chapati & Rice	रोट Bread	चावल Rice	रोट और चावल Bread & Rice	खिचड़ी Khichri	दूध Milk	अंडा Egg	पनीर Cheese

Rx

- 1) orally Allowed
- 2) GNS Alimentaria 120mg to 150mg
- 3) Capsule Aquasol Vit-A (25,000) 2 capsule
Sweetly
- 4) Capsule Vit-E (400k) 1 capsule Sweetly
- 5) GNS Vit-E 2mg to weekly once
- 6) Syrup Zinc 5ml to 10ml
- 7) Syrup Mn (1002) 2.5ml to 10ml
- 8) Syrup Calmax P 5ml to 10ml
- 9) Syrup UDA (5ml/12mg) 2.5ml to 10ml
- 10) Drops Vit-D₃ (Yellow) 1.5ml to 10ml
- 11) Magnesium citrate for LA
- 12) Syrup Pen (5ml/12mg) 2ml to 10ml
- 13) Vitals (M)
- 14) 2x 1/2 + D₅ + 1/2 + 1/2 @ 7ml/home

Dr. Jagan
Dr. Jagan

11/2/24

MISHA

9 months / Feb

BMH - 2024

5.7 kg

Current wt = 3.52 kg

FTT = infantile diarrhoea with hypostrophic

= Immunodeficient status = VRTI

(Cause & evaluation)

(to 40 tests, 2m, PHL)

O/E

air fair Throat/tonsil
P = I + H / y - congestion ⊕
Thin build

HR = 114 / min
RR = 34 / min

HR = 114 / min
RR = 34 / min

HR = 114 / min
RR = 34 / min

P/A - soft NT
Hick - 3cm/sec

CNS - excited
lethalgic

E4 Vay spontaneous

Tone (M) / (W)

Power - able to sit

able to move all

4 limbs spontaneously

Plan

- RGS
- Collect blood for profile
- eosin
- wt - daily
- Status of urine cmv PCR

→ Lf

O/E

Feel - new onset
single spike
100-5+

afw cough / no fast breathing
afw lethargy / oral acceptance
cracked on 2nd L₂
on all supplement

7) Reptode of - vomiting
yesterday - Post
medication

Beri 12/2/2026 misheer 9month/female

OHID →

2026 238 5/28

3.7kg

Frr = infantile cholestasis with SAM

with hypertriglyceridaemia = co-unimmunised
status wait (Cause & evaluation)

[to 40 Turett
to 40 Lcm
to 40 PHC

OIC

GC - fair

P - I Hlay -

Lacopericent

HR = 124/min

ER = 32/min

P/A soft

non tender

liver - 4cm + 1cm

spleen - NP

WS

MS

CRS

WAD

Er

fundus - (N)

norm = (N)

hepat = 14.5 / 7.90

60 - 37 - 22 (normal)

liver - 4cm + 1cm

chole = 125 +

WOL - 45 +

WOL = 30 +

WOL = 42 +

LFT = WOL = 14.5 / 7.90

OT/PT = 170/126

PH3 = 73

lactate = 12

VBG = (N)

MS

1) Mchule

on Augmentin

Haemodynamically

high

3)

on all fat soluble

vitamins.

+ oral feeds.

Plan

→ talk to CSW for W&S
fundings send a written
call

→ 20 BNO - screening

→ daily weight

→ Collect Tach
Prophyl

→ by leaflets - send

→ while conv Pch

→ force form

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

इपचर्या गृह / Nursing Home

ਭੋਜਨ ਪ੍ਰਫਲ / Diet Form.

दिनांक / Date

Ru

1) only sure

Q.) JMJ Argumentum being E to S

3) Cap. Aguafol vital (25,000) 1 capsule
Bimela

4) cap int (two) / capsula & weelch

2 mg vit K 2 mg 2 weekly once

6.) ~~Sup zinc 5ml po od x 14 days.~~

7) ~~sup~~ mv (1702) 9-stm Prod

g) sup ulumax -P 5ml Po BD.

g) Foto cyfrowa (5/12mm) 25 ml Po

10) Sachet VIO_3 (1/8000) 1.0ml Po OD
drops

4) mupirocin ointment for 2A.

11) Syb Pem (Berkas) dan P. 005

Hishri
9mth/f

Cholestasis $\bar{c}$ SAM $\bar{c}$ dyslipidemia
(evaluation) (unimmunised)

A/I

(i) Afelrile
(mother HIV - NR)

10.5 $\times$ 9600 $\times$ 3.05
70/L2

histules $\oplus$ $\rightarrow$ at nostril
wound $\oplus$ on foot
(improving)

(ii) Cholestasis $\bar{c}$ transaminates

TB/DD = 6.3/5 $\rightarrow$ (14.5/7.90)

OT/PT = 400/237 $\rightarrow$ (698/126)

up A / up E = NR

PT/INR = 13.6/2.18

dyslipidemia - $\bar{c}$ in $\bar{c}$ (bustards)
3/1 (normal)

(iii)

no stable
accepting feeds well

WbS dg / Anti HCV
4 d/w

O/E:

vitals = stable

HA = soft, NT, ND

liver = 2.5cm JRCM
soft

spleen = NP BXP

CNS / chest / CVS = WNL

Plan:

4 Torch profile - Mother, baby

4 NH₃ / GC $\rightarrow$ 7.3 / 1.2

4 lipid profile

4 ESR

4 TMS / GCMS

4 PT / D w/u

calc - 28.0/L

lipid Profile: TL = 165

HDL = 30

LDL = 412

VLDL = 93

TG = (460) $\uparrow$

Further - chemistry and spot
for
even can see 1/3.

Mihir / 9 months / 1

cholestasis with cam = hypoparathyroidism
 & Evaluation -
 (unimmunized)

(All)

1) Afebrile

mother HIV - NR

Peristalsis (+) → PR distal
 [wound (+) on foot -
 improving]

2) cholestasis & Transaminase

TB = 6.3 → 14.5 (↑)

DB = 5 → 7.90 (↑)

ok - neg
 ABR - normal

OT = 402 → 1200 (↑)

PT = 25.1 → 12.0 (↑)

(acid)

- KAPA / HPT - NR

PT INR = 1.6 / 1.1

Dyslipidaemia + TG 10 (acid)

CRP - neg

Hb / Hg / Auct Hb
 ↳ TIS

3) HD stable
 accepting feeds well.

O/E -

vitals - stable
 2/5 cm (+)

PA - 10/6, NT, ND

dm - 2.5 cm Brun

splen - 10/6 B/P

cm / chest / cm - 10/6

- 1/60

↳ TORCH Profile - mother baby

↳ NH₃ / Lac

↳ xcpd profile

↳ BSR

↳ TMS / acm

↳ GUT → 31 normal

↳ Wc (w/a) Feeding - Rated 1/10

↳ PID W/D

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उपचर्या गृह / Nursing Home..... धोजन पत्र / Diet Form..... दिनांक / Date.....

[illegible]

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

ખોજન પ્રપત્ર / Diet Form

दिनांक / Date: _____

8.26
0.00

कमरा नं. Room No.	सा. पो. शाका. O.D. Veg.		अति. सांया. Eng. Non-Veg.			अतिरिक्त Extras				
	चवटी Chapati	चावल Rice	चवटी और चावल Chapati & Rice	ब्रेड Bread	चावल Rice	ब्रेड और चावल Bread & Rice	खिचड़ी Khichri	दूध Milk	अंडा Egg	पनीर Cheese

Admission (wt = 3.7 kg)

- orally assessed.
- syp. VODA (125/5) 2.5ml 10 OD (@ 30mg/kg/day)
- syp. PCM (125/5) 2.5ml 10 OD
- Inf. Augmentin (125/5) 2.5ml 10 OD
- Cap. Amoxiclav (250/125) 2.5ml 10 OD on Monday (Thursday)
- wt 3.7 kg 10 OD
- Cap. Amoxiclav (250/125) 2.5ml 10 OD on Monday (Thursday)
- syp. PCM (125/5) 2.5ml 10 OD
- syp. VODA (125/5) 2.5ml 10 OD for 10 days
- syp. Calcium (300/10) 3ml 10 OD
- supp. Calcium (300/10) 3ml 10 OD
- Inf. Augmentin (125/5) 2.5ml 10 OD
- syp. PCM (125/5) 2.5ml 10 OD
- FA Tab 2mg 10 OD
- for 10

XG. XGup
3/12

126
10 AM

Mishi 9 months/F

P2B

Bed-19

CH-260048275

Complaints → Jaundice x 3 months

Birth history → No H/O NPH / No H/O NICU stay

Post H/O of admission for the same

EBF till 6 months of age

AT

- ① Jaundice (icterus) - Cholestasis (P/G/G)
- ② Afebrile
- ③ Gravelly / musty breath
- ④ Urinalysis - bilirubin - FNT called
- ⑤ Cholestasis (P/G/G)

PE

T-comp - Afebrile
PR - 110 bpm
RA - 120 bpm
SpO₂ - 99% LRA
CRT - < 1 sec
Hydration - Good
Head to toe

PIA

Inspection - R

Abd. Slightly distended
all quadrants move equally
- Rsp

Palpation Soft non tender

liver 2.5 cm below
costal margin, Lungs clear
thoracic cavity
firm consistency

Recession - normal

W/S - 6 cm

auscultation
BT (+)

Investigation done

10.5 8600
70/22/18 3L
MCV → 91.2

ATW → 13.6 / 1.18

VBG → Lac ^{0.7} ~~not blackened~~

mother Hb - NR

pH → 7.378

Urea Creat → 19/0.25

TB/IOB → 14.54 / 7.9

EB → 6.64

OT/PC → 178 / 12.6

TP/ALB → 5.24 / 2.89

CRP → 0.1 mg/dL

Na/K+ → 132 / 3.69

GAT → 31

To be sent

Hb - QNA PCR
NH₃/Lact

TMS - GCMs
TORCH
ESR

EBV/CMV
Fasting UCG

[Signature]
Roopesh
Pir

Advice (3.7kg)

① SyfUDCA (125/5) 5ml PO ^{on Monday} ~~at 30~~

② SyfPCN (135/5) 2ml SOS

③ SyfAugmentin 120mg EW ^{on Monday}

④ SyfAqueosal A 2500 2ml OJ ^{on Monday & Thursday}

⑤ Vit D drops (800/1) 1-5 ml 100

⑥ Cefixime 400mg OJ ^{on Monday & Thursday}

⑦ Syf Vit K 5mg 2ml ^{on Monday & Thursday}

⑧ SyfZinc (20/5) 5ml OJ

⑨ SyfCalcinaat (300/10) 2ml PO OJ

⑩ Mupirocin ointment for ^{on Monday & Thursday}

⑪ Wandersolent - car drops

⑫ Zinglo 1ml 10 OJ

⑬ SyfCompla 1.5ml OJ

⑭ Polio virus tablet 1mg PO OJ

Priester

9mo / F

T2B

- CC:
- ① Yellowish discoloration of eyes & skin x 3 months.
 - ② Excessive crying x 5 days.

Hx:

① Child was app. well 3 months back when she developed yellow discoloration of eye, gradually progressive to involve the skin. Also with yellowish skin and watery stools (on & off, not persistent, no purring yellowish stools present). Also with mobile, non-tender nodules over skin all over body, and with itching over skin.

- ② Excessive crying for 5 days, also with fever on & off, low grade, undocumented, and itching over both ears, no discharge. A bit also + reduced oral acceptance.
- No HIO swelling over facial features, No direct urine output.
 - No HIO spontaneous bleeding episodes.
 - No HIO ~~extra~~ lethargy or direct oral acceptance.

Post HIO: HIO admission at 5 months age (8/6/26 to 12/6/26) i/o Jaundice → Tx: TB/DB = 6.3/5, OT/PT = 402/237, PT/PTNR = 19/1.5, CRP/TRE/LDL/VLDL = 274/765/120/153 → given 3yr. Cefixime, Vit D₃, Hepatitis 2, USA/D/E, Hep ~~PT~~ E - VE, USG, and - edematous GA wall → d/s on 12/6/26.

→ No other hospital admissions.

Bizn HIO: Single / Term / G.W. - NK / Home delivery / C/AB / No ~~NIU~~ stay / NVD.

ELM
PCC

Maternal HIV:

Not significant

NO HIV Fever & Rash
NO HIV Jaundice
NO HIV HTN/ DM during Pregnancy.

Dev. HIV:

Dev. normal

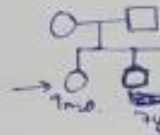
Imm. HIV:

Not immunised

Diet HIV:

EBF till 6mo. age
on DBF currently.

Family HIV:



Maternal - chronic - malnourished
No HIV related illness in family
No HIV TB - contact.

O/E:

Gx - Aug:

P ⊕
I ⊕
C ⊕
C ⊕
L ⊕
E ⊕

multiple multiple nodules

Basal ganglia ⊕, body ⊕, neck ⊕

Ht - 58cm = < -3SD = stunting

Wt - 3.6kg = < -3SD = under nutritional

HC - 36cm = < -3SD = microcephaly

MUAC - 8.2cm

1/P:

soft NT, ND

L → 2cm PR CM

S → NP, ASD

AMS
CNS
CNS } NRD

As: spon & microcephaly & 2 bleeding diathesis
 Treatment (3.7 kg)

cholestasis + transaminase
 ↓ Evaluation
 (to rule out)

- ~~Feeding~~ LA-10

- 1) Syr. VICH (125/5) 2.5 ml BD
- 2) Syr. PCM (125/5) 2ml SOS
- 3) Syz. Augmentin 120mg IV TDS
- 4) Cap. Aqualin A 25000 IU OD
- 5) Vit D₃ drops (800 IU) 1.5 ml OD
- 6) Cap. Evion 400 mg OD
- 7) Syz. Vit K 2.5 mg i.v. stat
- 8) Syr. B-Complex 5 ml OD
- 9) Syr. Calmette (300/10) 5 ml OD
- 10) Vit. E 1000 IU daily for LA
- 11) - Syz. zinc (20/5) 5ml OD x 1 week
 - Aug. neq 4 0.8 ml in stat flb 1ml PO OD

free
 ADVIN

Pv: Cholestasis + evaluation

3. Cbc + PS
 Biochem / LFT
 USG w/ R
 HPLAR
 viral markers (Hep A/E, Hg)
 GGT
 lipid profile
 Bone cell
 ENT cell
 PID w/ M.