



Child Life Care Foundation

Child life care foundation



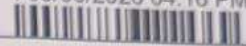
Dr. Shradha's Omaxe Path Lab.

335, Opp. N.A.S. Degree College, Eastern Kutchery Road, Meerut.
Contact No. : 0121-4301114, Mob. : +91-7302212223, 9760493093, E-mail : omaxepathlab@gmail.com

Dr. Shradha Jain
M.D. (Path.)

Sample Id : 2606047
Name : BABY OF. SHIVANI
Age/Gender : 01 Months/ Male
Ref. By : Dr. PRAKASH THAKUR MD

Patient ID : OPL26/1651
Received Date : 03/06/2026 01:23 PM
Printing Date : 03/06/2026 04:16 PM



EXAMINATION OF BODY FLUID REPORT

Test Description	Result	Unit	Biological Reference Range
CSF EXAMINATION			
Specimen	C.S.F		
PHYSICAL EXAMINATION			
Colour	COLOURLESS		
Quantity	02	ml	
Appearance	CLEAR		
Clot	ABSENT		
Blood	ABSENT		
Pus	ABSENT		
CHEMICAL EXAMINATION			
Sugar	259	mg/dl	70 - 160
Protein	7.9	mg/dl	10 - 40
MICROSCOPIC EXAMINATION			
Total Count	No Cells Seen.	Cells/cumm	
	Kindly correlate clinically.		

Checked By

Dr. Shradha Jain MD (Path)
Consultant Pathologist

All investigations have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.

NOT FOR MEDICO LEGAL PURPOSE

Child life care foundation



Dr. Prakash Thakur

MBBS, MD Paeds, DNB, IDPCCM
Newborn & Child Specialist
Paediatric Intensivist
Ex-Safdarjung Hospital, Delhi
Sir Gangaram Hospital, Delhi
Army Base Hospital, Delhi



Dr. Shilpi Singh

MBBS, MS OBG, DNB
Obstetrician & Gynaecologist
Lap. Surg. & Infertility Specialist
Ex-Dr. RML Hospital, Delhi
Safdarjung Hospital, Delhi
Kasturba Hospital Delhi

Name B/O Shivani Age/Sex 1M/F Add. K.K. Date 4/6/26

Clinical Summary
B/O Shivani | 1 month | Male

Wt.

Ht.

Baby presented with Complaints of Abnormal body movements
on 27/5/26. Child Life Care Foundation on examination
- 2-3 episodes, clonic and tonic.

Baby was sick, HR=140/min, RR=65/min, pulse vel. low,
severely dehydrated baby; C/T/A decreased, neonatal
reflexes were decreased. Baby was admitted in
NICU, managed conservatively with IVF, IV antibiotics

(Mero/Cloxacil). Injectable Antiepileptics (Inj Levetiracetam). Baby
responded to the treatment well, activity improved,
started accepting breast feed well, seizure subsided.

On investigation sepsis screen was positive (CRP=18.5)
On 05 of hospital admission baby had multiple
episodes of seizure, RBS was now, butalgin given,
Inj Gabapentin loaded and maintained.

For Appointment : 0121- 3597810, 9560777113 (Emergency & ☎ only)

Clinic : V-3, 148, Adarsh Nagar, Sardhana Road (Near Bijli Ghar) Kankarkhera, Meerut
Not For Medicolegal Purpose एक बार की फीस 5 दिन में 5 बार दिखाने के लिए मान्य है। Prognosis & Complications Explained

Seizure suspected in Dhw, MRI Brain & LP was planned
MRI Brain was suggestive of Ventriculitis & Hydrocephalus
Peds & Ophthalmology taken planned for VP shunt after LP.
LP done ~~Suggest~~ ^{was} Normal. Antibiotics upgraded to (Kero/Vanco/Colist)

Antenatal History - Unremarkable, Baby had leaking PV on 21/4/26
USG Normal. ^{again 25/4/26}
Admitted on 27/4/26
for LPV
discharged on 28/4/26

Birth history - Born by LSCS
on LPV again on 29/4/26 Inj Homocyst given to Mother
No NICU stay.
Inj Lexa was also given

Postnatal - Baby had fever on 9/5/26 on 2AM
documented upto 101°F
Admitted ~~seen~~ in NICU

Discharge on 14/5/26.

Currently Baby is Hemodynamically stable, well perfused,
Accepting TF well. Active & Tonic. on IVF Antibiotics
IVF Antiepileptics (Levetiracetam/Phenytoin)

Refer to All MS, Delhi / RML Hospital /

Safdarjung Hospital / Kakawati
Sara children
Hospital.

Dr. PRAKASH THAKUR
MBBS, MD Paeds, DNB, IDPCCH
Newborn & Child Specialist
UPMCI No. - 97246



Dr Jaideep Tomar

Imaging Centre

PNDT Reg. No.: MRT/2024/416
A2/A3, Sharaddhapuri, Phase-2, Kharakhera, Meerut. Ph.: 9520952014

Name	Baby of Shivani	Age/Sex	1.5M/M
Ref by	Dr Prakash Thakur, MD	Date	17.06.2026

(Identity of the patient can't be verified).

NCCT HEAD

Protocol: Multiple axial 5 mm sections were obtained from OM line to the cranial vault.

FINDINGS:

- ❖ Bilateral lateral and 3rd ventricles are grossly dilated with periventricular ooze. VC ratio is 62%. 3rd ventricle measures 13 mm in transverse diameter.
- ❖ Bilateral cerebral hemispheres show hypodense white matter.
- ❖ Bilateral cerebral sulci are effaced.
- ❖ Basal ganglia and thalami are normal.
- ❖ No midline shift / mass effect is seen.
- ❖ Basal cisterns are defined.
- ❖ Bilateral cerebellar hemispheres show normal CT attenuation.
- ❖ Fourth ventricle is normal.
- ❖ Upper brain stem is normal.

IMPRESSION: CT findings reveal

- Gross obstructive hydrocephalus
- Mild cerebral edema

Please correlate clinically.

Dr. Jaideep Tomar
DMRD, DNB
Consultant Radiologist
(MCI Reg No 047855)

Note: Impression is a professional opinion and not a diagnosis (Not for medico-legal purposes).
All medical machines/procedure have limitations. If there is a variance clinically this examination may be repeated or re-evaluated by other investigation.



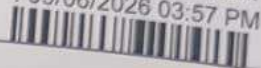
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Dr. Shradha Jain
M.D. (Path.)

Sample Id : 2606119
Name : BABY OF. SHIVANI
Age/Gender : 01 Months/ Male
Ref. By : Dr. PRAKASH THAKUR MD

Patient ID : OPL26/1651
Received Date : 09/06/2026 11:36 AM
Printing Date : 09/06/2026 03:57 PM



EXAMINATION OF BODY FLUID REPORT

Test Description	Result	Unit	Biological Reference Range
CSF EXAMINATION			
Specimen	C.S.F		
PHYSICAL EXAMINATION			
Colour	WHITISH		
Quantity	10	ml	
Appearance	SLIGHTLY TURBID		
Clot	PRESENT		
Blood	ABSENT		
Pus	ABSENT		
CHEMICAL EXAMINATION			
Sugar	40.0	mg/dl	70 - 160
Protein	10.0	mg/dl	10 - 40
MICROSCOPIC EXAMINATION			
Total Count	200	Cells/cumm	
DIFFERENTIAL COUNT			
Mononuclear cells	100	%	
RBCs	PRESENT		

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Kindly correlate clinically.

Checked By

Dr. Shradha Jain
Dr. Shradha Jain MD (Path)
Consultant Pathologist

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NOT FOR MEDICO LEGAL PURPOSE

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Name : Baby B O SHIVANI
Lab No. : 517559965
Ref By : DR PRAKASH THAKUR
Collected : 23/6/2026 2:04:00PM
A/c Status : P
Collected at : MR. VIPIN KUMAR - FPSC AARADHYA
DIAGNOSTICS
SHOP NO.2 KHIRVA ROAD ESSAR PATROL
PAMP OPP.SHARDHAPURI -1 KANKER KHERA
MRT Mb 9627100888

Age : 2 Years
Gender : Female
Reported : 24/6/2026 11:26:46AM
Report Status : Final
Processed at : LPL-NATIONAL REFERENCE LAB
National Reference Laboratory, Block E,
Sector 18, Rohini, New Delhi -110085



Test Report

Test Name	Results	Units	Bio. Ref. Interval
PROCALCITONIN (PCT), SERUM (CLIA)	0.07	ng/mL	<0.1

PCT concentration during Sepsis

REFERENCE RANGE in ng/ml	Intepretation
<0.1 - <0.50	Low risk of severe sepsis/Septic shock
0.50-2.00	Borderline risk
≥2.00	High risk of severe sepsis/Septic Shock

PCT Concentration in decision making on Antibiotic Therapy

REFERENCE RANGE in ng/ml	Recommandation
<0.1	Antibiotic Therapy discouraged
0.1 - 0.25	Antibiotic Therapy discouraged
0.26 - 0.5	Antibiotic Therapy encouraged
≥ 0.5	Antibiotic Therapy strongly encouraged

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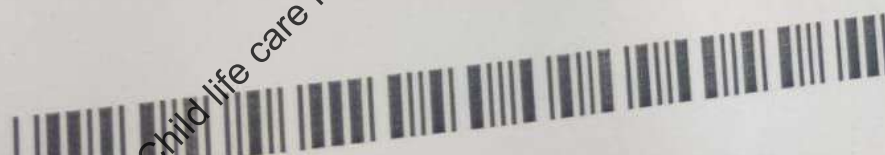
Note: For diagnostic purpose, the result should always be interpreted in conjunction with patient's medical history as several non-infectious causes can also elevate Procalcitonin levels

Comments

Procalcitonin (PCT) is a prohormone expressed by neuroendocrine cells (C cells of thyroid, pulmonary and pancreatic tissues) present in very low levels in healthy individuals. Measurement of PCT can be used as a marker of severe sepsis and generally grades well with the degree of sepsis. Evidence is emerging that PCT levels can reduce unnecessary antibiotic prescribing in lower respiratory tract infections.

Increased Level:

- Infectious** - Bacterial infections leading to Septic shock/Severe sepsis, Community acquired respiratory tract infections & Ventilator induced pneumonia
- Non-Infectious** - Severe Cardiogenic shock, organ perfusion anomalies, Small cell lung cancer or Medullary C-cell carcinoma of thyroid, major trauma, surgical intervention & severe burns, treatment which stimulate the release of pro-inflammatory cytokines in Neonates (<48 hrs. after birth)



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HEALTH CARE IMAGING CENTRE

1st NABH Certified Radiology Centre in U.P.



43, Shivaji Road, Opp. Shankar Ashram, E.K. Road, Meerut.

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3T MRI | CARDIAC CT SCAN | COLOUR DOPPLER | ULTRASOUND | MAMMOGRAPHY | FIBROSCAN | CBCT | DEKA SCAN | DIGITAL X-RAY | FNAC | BIOPSIES

HCIC No.:	012607001342	Reg. Date:	08 Jul 2026
Patient Name:	B/O .SHIVANI	Report Date:	09 Jul 2026
Age/Sex:	02 MONTH(S)/Male	Referred By:	Dr. PRAKASH THAKUR MBBS, MD

CEMRI OF BRAIN

Protocol: FLAIR T1W and Fast spin echo T2W High Resolution axial images of brain were obtained on a High Resolution dedicated phased array surface coil using twin gradient 16 channel High Density 3.0 Tesla platform system with zoom gradient coil and correlated with T2 W Sagittal, Coronal, FLAIR and Diffusion axial images. Followed by post-gadolinium sagittal and axial T1 & T1FS sequences.

Clinical details: Known case of secondary aqueductal stenosis, pachymeningitis & ventriculitis. Present study is compared with previous MRI dated 02.06.2026.

FINDINGS:

Susceptibility artefacts in the right mastoid region are degrading image quality. The structures in the right mastoid region and right cerebellar hemisphere are inadequately visualized.

- The ependymal lining of the entire ventricular system shows mild persistent abnormal enhancement. Few enhancing nodules / granulomas are seen along the ventricular lining of bilateral occipital horns (largest size ~ 2.7x2 mm). There is persistent diffuse abnormal enhancing pachymeningeal thickening in bilateral cerebral hemispheres, basal cisterns, ventral surface of the pons and medulla.
- VP shunt is noted in-situ with tip in the 3rd ventricle. There is persistent moderate dilatation of bilateral lateral, 3rd ventricles & proximal part of the cerebral aqueduct, and severe luminal narrowing in the distal cerebral aqueduct (secondary cerebral aqueductal stenosis). These features likely indicate shunt blockage. Shunt revision is advised.
- There is severe stenosis at 4th ventricular outlet and upstream mild dilatation of right foramen of Lushka. 4th ventricular outlet obstruction needs consideration.
- No obvious entrapment of CSF in the retro-cerebellar arachnoid space is seen in the present MR images (interval resolution). Cerebral sulci are effaced bilaterally.
- Rest of the cerebral parenchyma shows normal signal characteristics. No acute infarct / haemorrhage is noted. The basal ganglia and thalami appear normal. The mid-brain, pons and medulla appear normal. The cerebellum shows normal signal intensities. No midline shift is seen. The pituitary gland, optic chiasma and bilateral parasellar regions appear normal. The corpus callosum appears normal. The brainstem, cerebellar hemispheres and cranial nerve roots appear normal.

IMPRESSION: Present CEMR brain study reveals:

- Persistent ependymitis / ventriculitis with pachymeningitis, secondary cerebral aqueductal stenosis, 4th ventricular outlet obstruction with moderate upstream obstructing hydrocephalus (without periventricular ooze). VP shunt in situ. Shunt blockage need consideration and revision is advised.

Compared to previous MRI dated 02.06.2026, there is interval resolution of the retro-cerebellar CSF entrapment and mild interval reduction in the hydrocephalus. Further evaluation with lumbar puncture & CSF analysis are advised.

Dr. Sanjay Gupta
MD (Radio-diagnosis)

Dr. Mukta Mital
MD (Radio-Diagnosis)

Dr. Sachin Agrawal
MD (Radio-Diagnosis)

Dr. Vibha Nimesh
MD (Radio-diagnosis)

Dr. Annie Agarwal
MD (Radio-Diagnosis)

Dr. Shishir
MBBS, MD, FIVR

Dr. Archita
MD (Radio-diagnosis)
Fellow MRI, MSK & cardiac imaging

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HCIC No. :	012606000305	Reg. Date :	02 Jun 2026
Patient Name :	B/O ..ATHARV	Report Date :	02 Jun 2026
Age/Sex :	01 MONTH(S)/Male	Referred By :	Dr. PRAKASH THAKUR MBBS,MD

CEMRI OF BRAIN

PROTOCOL: FLAIR T1W and Fast spin echo T2W High Resolution axial images of brain were obtained on a High Resolution dedicated phased array surface coil using twin gradient 16 channel High Density 3.0 Tesla platform system with zoom gradient coil and correlated with T2 W Sagittal, Coronal, FLAIR and Diffusion axial images. Followed by post-gadolinium sagittal and axial T1 & T1FS sequences.

FINDINGS:

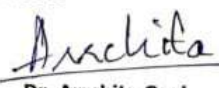
- There is moderate dilatation of bilateral lateral, 3rd ventricles & proximal part of the cerebral aqueduct. There is severe luminal narrowing in the distal part of the cerebral aqueduct. These features favour cerebral aqueductal stenosis.
- There is prominence of the retro-cerebellar CSF spaces bilaterally, with presence of multiple enhancing septations in retro-cerebellar arachnoid space, entrapment of the CSF and causing indentation on bilateral cerebellar hemispheres.
- On post contrast study, the ependymal lining of the entire ventricular system shows abnormal enhancement. Few septations are seen in the occipital horns of bilateral lateral ventricles. There is abnormal enhancing pachymeningeal thickening in bilateral cerebral hemispheres.
- Cerebral sulci are effaced bilaterally.
- Rest of the cerebral parenchyma shows normal signal characteristics. No acute infarct / haemorrhage is noted. The basal ganglia and thalami appear normal. The mid-brain, pons and medulla appear normal. The cerebellum shows normal signal intensities. No midline shift is seen. The pituitary gland, optic chiasma and bilateral ganglionic medulla appear normal. The corpus callosum appears normal. Ocular globes, extracranial muscles and optic nerve sheath complexes are normal.

IMPRESSION: Present CEMR brain study reveals:

- Ependymitis / ventriculitis with pachymeningitis, secondary cerebral aqueductal stenosis with moderate upstream obstructing hydrocephalus (without periventricular ooze).
- Prominence of the retro-cerebellar CSF spaces bilaterally, with presence of multiple enhancing septations in retro-cerebellar arachnoid space, CSF entrapment and indentation on bilateral cerebellar hemispheres.

Further evaluation with lumbar puncture & CSF analysis are advised.

Dr. Sanjay Gupta
D (Radio-diagnosis)


Dr. Archita Goel
MD (Radio-diagnosis)
Fellow MRI, MSK & cardiac imaging

Dr. Mukta Mital
(Radio-Diagnosis)

Dr. Sachin Agrawal
MD (Radio-Diagnosis)

Dr. Vibha Nimesh
MD (Radio-diagnosis)

Dr. Annie Agarwal
MD (Radio-Diagnosis)

Dr. Shishir
MBBS, MD, FIVR

Please correlate clinically

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Result Entered By : NEHA



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