



THE
CUDABLE
TRUST



Omaxe Path Lab

Dr. Shradha Jain

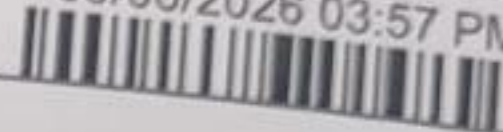
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335, Opp. N.A.S. Degree College, Eastern Kutchery Road, Meer

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

CSF EXAMINATION

Specimen

PHYSICAL EXAMINATION

Colour
Quantity
Appearance
Clot
Blood
Pus

CHEMICAL EXAMINATION

Sugar
Protein

MICROSCOPIC EXAMINATION

Total Count

DIFFERENTIAL COUNT

Mononuclear cells
RBCs

Result

Unit

Biological Reference Range

C.S.F

WHITISH

10

SLIGHTLY TURBID

ml

PRESENT

ABSENT

ABSENT

40.0

138.0

mg/dl

mg/dl

70 - 160

10 - 40

200

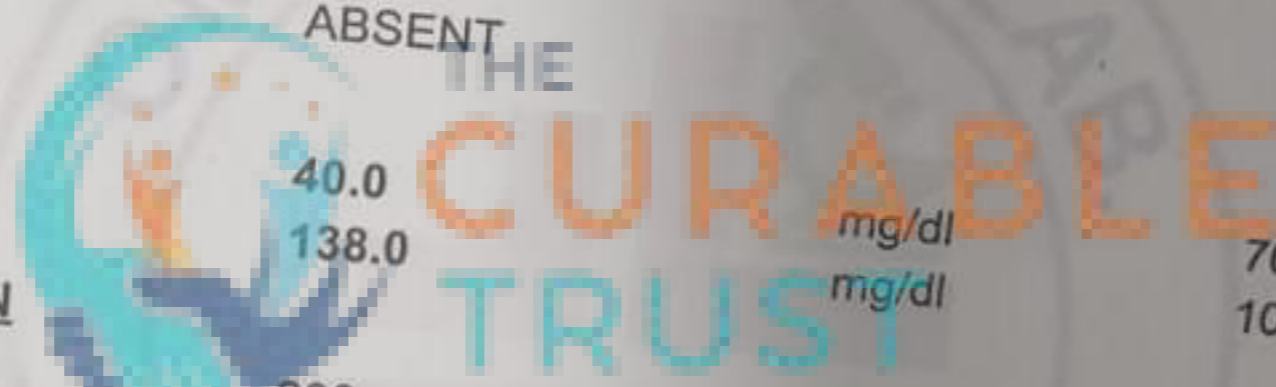
Cells/cumm

100

%

PRESENT

Kindly correlate clinically.



Checked By

Dr. Shradha Jain MD (Path)
Consultant Pathologist



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



Dr Jaideep Tomar

Imaging Centre

PNDT Reg. No.: MRT/2024/416

A2/A3, Sharaddhapuri, Phase-2, Kanpur, 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.

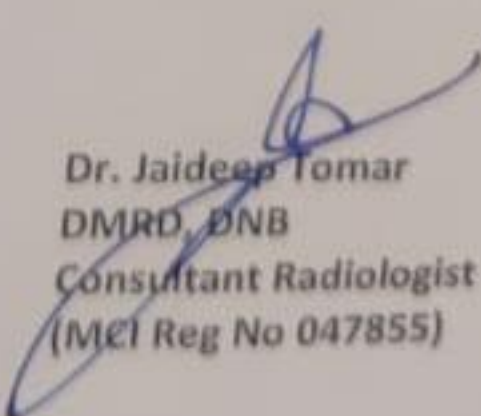
FINDINGS:

- ❖ Bilateral lateral and 3rd ventricles are grossly dilated with mild periventricular ooze. VC ratio is 62%. 3rd ventricle measures 13 mm in transverse diameter.
- ❖ Bilateral cerebral hemispheres show hypoattenuating 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)

Seizure subsided in 12 hrs, MRI Brain & LP was planned

MRI Brain was suggestive of Ventriculitis & Hydrocephalus

Ped & opimolox taken planned for VP shunt after LP

LP done ~~Suggest~~ ^{was} Normal, Antibiotics upgraded to (Kero/Vanco/Colort)

Antenatal History - Unremarkable, USG Normal.

Baby had leaky PV on 21/4/26
agent 25/4/26

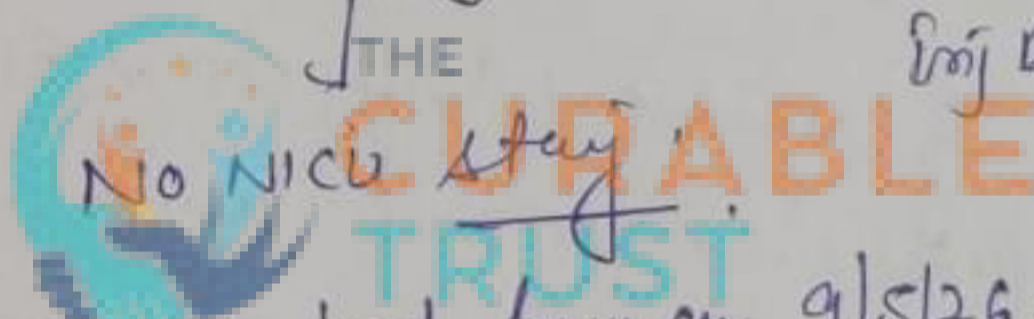
Admitted on 27/4/26
for LPV

Birth history - Born by LSCS

on LPV agent on 29/4/26

Inj Homocel given to Home

Inj Dexa was also given



Postnatal

Baby had fever on 9/5/26 on 2 AM documented upto 101°F

Admitted ~~see~~ in NICU

Discharge on 14/5/26

Currently baby is Hemodynamically stable, well perfused, Accepting TF well, Active & Tolerant

on IV Antibiotics
IVF Antiepileptics
(Levetiracetam/Levetir)

Refer to AIIMS, Delhi / RML Hospital

Safdarjung Hospital / Katarwati
Sara chulder
Wazirpur

DR. PRAKASH THAKUR
MBBS, MD Paeds, DNB, IDPCCM
Newborn & Child Specialist
IIPMCI No. - 97246

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:
- 2-3 episodes, decreased oral acceptance on examination
Baby was sick, HR=190/min, RR=65/min, pulse vel: low,
Severely dehydrated baby, CRT/A decreased, neonatal
reflexes were decreased. Baby was admitted in
NICU, managed conservatively with IVE, IV antibiotics
(Mero/Co-trimoxazole), injectible 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 D5 of hospital admission baby had multiple
episodes of seizure, RBS was now, by lab gins,
inj Gabapentin loaded and maintained gins

For Appointment : 0121- 3597810, 9560577113 (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 2 बार दिखाने के लिए मान्य है।

Prognosis & Complications Explained