



My Name: B...
My birthdate: 21/11/2015...
Length: 51.5...
Mother's Doctor: Dr. Sergey Ruben / Dr. Argyris...
My Doctor: H. Jassal...
My Nurse: ...

APD1.0011450040

DELIP386496

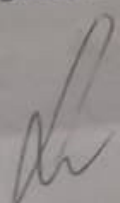
Baby Of PRATIBHA .

CT SCAN CHEST WITH CONTRAST

IMPRESSION:


- TAPERED NARROWING OF RIGHT UPPER LOBE BRONCHUS AND BRONCHUS INTERMEDIUS WITH NON-VISUALIZATION OF DISTAL BRONCHI IN UPPER AND MIDDLE LOBE AND SEGMENTAL BRONCHUS OF LEFT LOWER LOBE.
- NON-ENHANCING BRANCHING AREAS IN COLLAPSED UPPER LOBE LIKELY MUCOID IMPACTION IN SUBSEGMENTAL BRONCHI.
- COMPLETE COLLAPSE OF RIGHT UPPER AND MIDDLE LOBE AND SUPERIOR SEGMENT OF RIGHT LOWER LOBE WITH FEW SUBSEGMENTAL ATELECTATIC CHANGES IN RIGHT LOWER LOBE.

PLEASE CORRELATE CLINICALLY.


Dr. PRERANA SARASWAT
Attending Consultant

--- END OF THE REPORT ---

DEPARTMENT OF RADIOLOGY

Patient Details : Baby Of PRATIBHA . | Male | 0Yr 1Mth 2Days
UHID : APD1.0011450040 Patient Location: Neonatal ICU/5521
Patient Identifier: DELIP386496 
DRN : 322538598 Completed on : 23-AUG-2022 08:35
Ref Doctor : Dr. SAROJ BALAN - NEONATAL GROUP

CT SCAN CHEST WITH CONTRAST

Provisional Diagnosis/Clinical Data :

Contrast enhanced volume scanning through chest were performed in 160 slice MDCT and images evaluated in PACS workstation.

Report ::

There is complete collapse of right upper and middle lobe with volume loss with right hemithorax. The trachea and mediastinum are shifted to right.

There is tapered narrowing of right upper lobe bronchus and bronchus intermedius with few mottled foci within. Few hypoenhancing linear branching structures are seen in right upper lobe, likely mucoid impacted sub segmental bronchi.

The right lower lobe superior segmental bronchus also shows narrowing with collapsed superior segment. Subsegmental atelectatic changes seen in right lower lobe. Mild right sided pleural effusion seen.

Left lower lobe show hyperinflation with areas of mosaic attenuation. No left sided pleural effusion is noted.

Trachea and bilateral main bronchi appear normal.

No significant mediastinal or hilar lymphadenopathy.

Mediastinum reveals normal heart and great vessels. The main pulmonary artery and its right and left branches appear normal in calibre and enhancement. No pericardial effusion seen.

Rest of the chest wall reveals normal bony cage and soft tissue.

Keep the records carefully and bring them along during your next visit to our hospital

For enquiry & appointments contact - 011-26925801 / 26925858

B/O PRATIBHA, 34 days male baby got admitted in or hospital at 36 hrs of life.

Baby was born at term gestation, b. wt. 3.1 kg, to G1P1L1 mother on 21/7/22 at 1:27 pm through normal a vaginal delivery in some pvt hospital in Faridabad. Baby cried immediately after birth but was admitted in nicu i/v/o respiratory distress. baby was initially kept on CPAP support but was intubated at 26 hrs of life i/v/o deterioration . inotropic support was stated i/v/o shock and decision to transfer baby to Indraprastha Apollo hospital was made.

While transporting to Apollo hospital baby had cardiac arrest and was revived with CPR and single dose of adr . after reaching the Apollo hospital baby had 2nd episode of cardiac arrest and was revived with CPR and another dose of adr. Baby was started on dopamine, dobutamine, vasopressin and adr. Infusion and antibiotic cover with meropenam and amikacin were started. on day of admission ECHO was done which suggestive of PPHN. So baby was started with HFOV with sildenafil infusion. baby was in AKI so antibiotics were given in renal adjusted doses and i/v/o coagulopathy platelets and FFP were given. blood culture showed candida growth for which ampho b was started After 5 days baby was shifted on conventional ventilation and was extubated after 2 days of conventional ventilation to HFNC support @ 6L/min . chest x-ray was suggestive of left lower lobe collapse which opened up after good physiotherapy. On day14 of admission baby had rt upper lobe collapse for which good physiotherapy was started along with positional changes. but after 4days it progressed and now it was complete right lung collapse On 10/8/22 teicoplanin was added as secretions showed kleibsella which was sensitive to it. antibiotics were stopped on 16/8/22 but after. call for endoscopy was taken and done on 13/8/22 which showed thick secretions and mucus plug which was cleared and BAL was sent which showed growth of klebsiella so amikacin was started again according to sensitivity. post bronchoscopy x-ray was normal. so baby was kept on room air as baby was comfortable at room air but after 48 hrs baby had respiratory distress and was shifted back to HFNC and x ray was repeated which revealed complete right sided collapse and after discussion bronchoscopy was repeated on 20/8/22 which had 2 mucus plug. post bronchoscopy there was still rt upper lobe collapse and BAL showed pseudomonas growth, ceftazidime was added and CT scan was done to look for any anatomical variation and was reintubated on 23/7/22. CT revealed complete collapse of right upper and middle lobe with volume loss with right hemithorax trachea and mediastinum shifted to right. Tapered narrowing of right upper lobe bronchus and bronchus intermedius with few mottled foci within. Presently baby is on A/C VC mode : fio2 21% , VT 14 , ti 0.40 PEEP 6.5 . INJ AMIKACIN (D30) , INJ CEFTAZIDIME (D1) , INJ MORPHINE INF , NEBULISATION (WITH MUCOMYX, 3%NS, DUOLIN, COLISTIN) .



ADMISSION FORM

AF - 1

UHD APD1.0011450040	DATE OF ADMN 22-Jul-2022	TIME OF ADMN 11:38:27 PM	WARD Neonatal ICU	Category/BedNo 3327 / NEONATAL ICU	IPNO DELIP388496
NAME OF THE CONSULTANT: Dr. SAROJ BALAN NEONATAL GROUP			SPECIALITY: PAEDIATRICS AND NEONATOLOGY		
SECONDARY CONSULTANT:			SPECIALITY:		
Name of the Patient: Baby Of PRATIBHA			Referred By: SELF		
Age: 0 years 0 months 1 days			Sex: Male		
Address (Permanent): B-899, GREEN FIELD COLONY, Faridabad, Faridabad, Haryana, India.			Phone/Mobile No		
Spouse/Guardian: DR DHARMANDER			Email ID		
Local Address			Blood Group		
Local Contact No			Nationality: India		
Reason for admission/Diagnosis: TERM/AGA/NVD/PDA/PPHN			Expected Length Of Stay: 0		
Name of next of Kin: DR DHARMANDER			Relationship: Father		
Informed Ward			MLC No: MLC Type		
Informed HK:			Mode of payment: Cash		

I HAVE CHECKED MY ADDRESS AND CERTIFY THAT IT IS CORRECT

Sign:

INPATIENT HISTORY:		Total IP Episodes			
IP NO	ADMITTING DOCTOR	LOS	IP NO	ADMITTING DOCTOR	LOS

Consent Form

I hereby grant consent to examine, conduct non-invasive diagnostic tests and provide routine medication and treatment including IV, IM and subcutaneous injection while in the hospital for Baby Of PRATIBHA (state relationship) . I am aware that a separate informed consent will be obtained for all invasive tests and procedures, except when performed to save life limb or sight. During hospitalization, I understand that trainees / students may participate in my care under the supervision of my treating team. All disputes shall be governed by the laws of India and shall be subject to the jurisdiction of Courts at New Delhi, India only.




Signature: _____
Name: DR. RAJDEVIKA GARG
Relation: FRIEND BROTHER
Address: 1/15, ABHA HOSPITAL
Date: _____

Witness: _____
Signature:

CONSENT TAKEN BY

**PROPOSED CARE & OUTCOME EXPLAINED
EXPECTED COST EXPLAINED**

(Signature of Patient)

GSTIN: 07AAACG368N1Z4		From Date: 22-Jul-2022	
Interim Bill - Bill of Supply		ToDate: 23-Aug-2022	
Name : Baby Of PRATIBHA Age: 0Yr 1Mth 2Days Sex: Male		UHID : APD1.0011450040 	
Father Name : DHARMANDER Address : B-299, GREEN FIELD COLONY Faridabad Haryana India, Cell No: 91-9795306505		IP Number: DELIP386406 	
Doctor Name : Dr. SAROJ BALAN - NEONATAL GROUP Speciality : PAEDIATRICS AND NEONATOLOGY Ward Name : Neonatal ICU Bed No : 3327 (NEONATAL ICU)		Bill No : IN11457126 Date : 23-Aug-2022 Time : 10:09:38 	
Billing Account Type : CASH TPA/Corporate :		Admission Date : 22-Jul-2022 11:36:27 am	
Sl. No	Service	Amount(INR)	
1	Consultation(999311)	35,550.00	
2	Hospital services (others)(999311)	11,320.00	
3	Investigations(999311)	23,470.00	
4	Medical Administration(999311)	390.00	
5	Non Invasive Procedure(999311)	7,150.00	
6	Nursing and Hospitals Utilities(999311)	19,250.00	
7	Package Charges(999311)	866,300.00	
8	Ward Consumables(999311)	8,543.00	
9	Ward Pharmacy(999311)	16.00	
Draft not Final			
Total Interim Bill Amount Till Date		991,960.00	
Deposit (11581635,11548558,11544292,11623547,11544296,11634853,11613332,11563144,1158497)		789,750.00	
Payment Details: <small>Interim Bill amount in words : Rupees NinetyNine Lakh Thousand Nine Hundred Sixty Nine Only</small> No Tax is Payable on Reverse Charge Basis		Amount Paid 789,750.00 Outstanding Amount 202,210.00	
Generated By M. ASHWANI KATARIYA		M. ASHWANI KATARIYA Cashier/Manager	
Disclaimer: This Interim Bill generated as requested by Patient for information purpose only and does not have any financial implications. The final Bill amount may vary depending on actual consumption of services and medicines at the time of discharge.			