

	Hb: g/dl	PCV: %	PLT: ku/ml	TC: ku/ml	DC: N %	L: %	E: %	ESR: mm/1st hr
04/02/2023	10.3	31.7	339	12.28	27.3	61.2	1.4	-
14/02/2023	9.7	29.9	275	11.18	18.2	58.9	2.6	-
20/02/2023	10.7	32.3	493	13.22	21.1	66.9	2.3	-

Liver Function Test:

Date:	T. Bilirubin: mg/dl	D. Bilirubin: mg/dl	SGOT: IU/L	SGPT: IU/L	ALP: IU/L	T. Protein: gms/dl	S. Alb: g/dl	S. Glob: g/dl
15/02/2023	0.24	0.07	44.2	15.2	222.0	7.1	4.0	3.13

Renal Function Test and Serum Electrolytes:

Date:	Urea: mg/dl	Creatinine: mg/dl	Na+: mEq/L	K+: mEq/L
15/02/2023	20.1	0.35	-	-

Date: 20/02/2023

CRP (C-reactive protein) : 1.61 mg/L
 MCV-Blood : 74.6 fL
 MCHC-Blood : 33.1 g/dl
 MPV-Blood : 10.2 fL
 BASO-Blood : 1.2 %

RBC-COUNT-Blood : 4.33 M/uL
 MCH-Blood : 24.7 pg
 RDW-Blood : 19.0 %
 MONO -Blood : 8.5 %

Date: 15/02/2023

Blood smear, peripheral, inter : .

TIBC [Total Iron binding capacity] : 327.5 ug/dl

Ferritin -Serum : 36.43 ng/ml
 Iron - Serum : 41.9 ug/dl

Date: 14/02/2023

CRP (C-reactive protein) : 20.11 mg/L
 MCV-Blood : 74.8 fL
 MCHC-Blood : 32.4 g/dl
 MPV-Blood : 11.4 fL
 BASO-Blood : 2.0 %

RBC-COUNT-Blood : 4.00 M/uL
 MCH-Blood : 24.3 pg
 RDW-Blood : 18.8 %
 MONO -Blood : 18.3 %

Date: 04/02/2023

T4 [Thyroxine] free-Serum : 1.72 ng/dl

TSH [Thyroid Stimulating Hormone-Serum : 5.25 uIU/ml

RBC-COUNT-Blood : 4.27 M/uL
 MCH-Blood : 24.1 pg
 RDW-Blood : 17.7 %
 MONO -Blood : 8.7 %

MCV-Blood : 74.2 fL
 MCHC-Blood : 32.5 g/dl
 MPV-Blood : 9.9 fL
 BASO-Blood : 1.4 %

Chest Xray -Paracardiac infiltrates bilaterally.

Influenza rapid antigen test -negative

Xray STNL- Grade 3 adenoid hypertrophy

GE scintigraphy - No evidence of GERD.

ECHO- No Significant structural Heart defect detected, Normal Biventricular function, No PAH, Normal Coronary dimension & morphology, No Vegetations/ clots noted, No pericardial effusion

COURSE IN THE HOSPITAL AND DISCUSSION :

1yr old male child k/c/o Trisomy 21, Congenital hypothyroidism on thyronorm, Posterior urethral valve s/p valvotomy and circumcision on 23/12/2021, under multidisciplinary follow-up at AIMS, now presented with complaints of high grade intermittent fever and cough of 5 days duration. He was initially managed symptomatically, as fever persisted he was admitted for further evaluation and management. At admission he was febrile with stable vitals. On examination, Dysmorphic facies, with B/L