

investigation done showed TC-11.69 K/uL, N-25.4 %,L-62.2%, Hb- 14.4 g/dl, Plt- 301 K/uL and CRP 0.16 mg/L. RFT/LFT/S.electrolytes (Na,K,Ca, P), TFT, were within normal limits. 25 OH Vitamin D was 23ng/ml and PTH was elevated(85 pg/ml ). URE showed 4-6 pus cells. Urine culture showed no significant growth. Peripheral smear showed Normocytic Normochromic RBCs, No atypical cells or blasts. Reactive lymphocytes were present. USG abdomen showed bilateral normal sized echogenic kidneys with parenchymal cystic changes findings compatible with inherited cystic renal disease. Neurosonogram was normal. Pediatric cardiology consult was availed and ECG, ECHO done were normal. Opthal consult was sought to rule out any ocular involvement opined significant cylindrical power + , need close follow up, Review after 6 months to decide on prescribing glasses. Child is fixing and following torch light, no strabismus, bilateral disc and macula upto mid periphery is normal. Nephrology consult was sought and advised genetics evaluation. Pediatric Genetics advised microarray to rule out chromosomal anomaly, if microarray is normal , plan is to send WES. Child development center consult was given and was advised physiotherapy and occupational therapy with regular follow up. Child developed low grade intermittent fever and cough during the course of hospital stay and was treated symptomatically. Parents were counseled the need for multi-disciplinary involvement for further management.

#### **DISCHARGE MEDICATION :**

Uprise D3 drops 1mL 1-0-0  
Syp Levolin 2 ml (1-1-1) x 5 days  
Syp Paracetamol 2.5 ml SOS

#### **PLAN ON DISCHARGE :**

To review in paediatrics OPD with prior appointment to Dr Sajitha Nair on 19/07/2024.

OPD days- Tuesday/Friday

Review in CDC on 19/7/2024

**Prepared By:** Dr.Ghaniya(JR1)

**Signed By:** Dr. Sindhu A

**Signed On:** 06-07-2024 09:19

Content of the discharge summary will not be changed for any reason once the patient is discharged from the hospital. The receiver (patient / bystanders) are requested to go through the details and confirm the accuracy before leaving the hospital.

#### **When to obtain urgent care :**

Child's health deteriorating in terms of fever, activity, poor feeding, rash or generally unwell.

#### **Please contact for emergency care:**

Casualty No:0484-6681234

On Call Department Mobile:

Helpline No:

Fax No: 0484-6686035

Department email id: [peditrics@aims.amrita.edu](mailto:peditrics@aims.amrita.edu)