







MRD No: 216924	Gender: Male	DOB: 14/11/2024	
Name: ARYAN TAMANG	Visit Type: IP	Visit Code: IP0003	Visit Date: 10/06/2025
Consultant: Dr. Maninder Dhaliwal	Speciality: Critical care paediatric		

CASE SUMMARY

Title Case Summary

Progress Note:

Aryan was born via LSCS at 34 weeks, indication being polyhydramnios. The kid had delayed cry and was taken to NICU for 10 days after which he was discharged with parents to their home. The kid was brought back after 2 days as he was not maintaining O2 saturation and was admitted again and was discharged after few days, only to be brought back with peripheral cyanosis & Apnea under evaluation, BRUE. The 2D ECHO was apparently normal then. Since then, the kid has been in and out of hospital (Aakash Hospital, Malviya Nagar / Apollo Spectra, Nehru Enclave / Fortis Gurugram, mostly with respiratory and apnea issues. He also developed seizures for which Levetiracetam was added but his overall issues continued. Since the kid was not able to feed adequately, Ryles tube was placed and feeding was started through it. In Mid Feb 2025, the child had multiple seizures for which the kid was admitted again to FMRI Gurugram and evaluated with NCCT Head, CV Junction and MRI Brain which revealed Cervical spine compression secondary to AAD (dislocation). He developed quadriparesis, options of surgery were discussed. On 29th March 2025, the kid was not breathing and parents rushed him to Fortis hospital, Gurugram. He was also having seizures and thus he was intubated. Further evaluation revealed chest infection ? Aspiration Pneumonia.

Aryan was admitted in PICU of this hospital on 02nd April 2025 with ET tube insitu. He had right upper and middle lung opacity on chest X-Ray (for which he was evaluated at Fortis wherein ET culture has grown Pseudomonas, for which Inj Cefazidime was started). Aryan underwent positional drainage and aggressive chest physio after which his chest opacity resolved. He underwent evaluation in form of MRI Brain / MRI C-Spine / NCCT Spine / CT Angiography of Neck vessels. He was also reviewed by Paediatric Neurology and Spine Surgery for combined treatment.

TT was done on 7 April 2025, as ventilator dependence was expected due to quadriparesis. Long term ventilation was expected and discussed with parents in detail .

After consultation with multiple doctors across the country, the plan was formulated for C0-C1-C2 fixation. The pros and cons of such treatment at this age were discussed with parents and Aryan underwent C0-C1-C2 fixation under GA by Paediatric Neurosurgery and Spine Surgery team on 11th April 2025.

Post-operatively Aryan was haemodynamically stable and maintaining well systemically. He has less trigger on ventilator and continued to have quadriparesis. He continues on SIMV+PS mode and was discharged home on 25/5/2025 on ventilator and RT feeding, under continuous home nursing care, with bedside monitor. Parents have been trained for feeding and recognizing issues for early escalation .

He was readmitted on 29/5/2025 for TT block and aspiration pneumonia, TT changed and discharged on 3/6/2025 on home ventilator, RT feeding and chronic care explained in detail .

He was having fever with distress , was taken to Cloud 9 Gurgaon, where he was stabilized and referred here on 10/6/2025 for further care. (Urine culture grew candida sensitivity to fluconazole and ET culture grew MDRO E. Coli ?? samples collected at Cloud 9). He has left sided hydronephrosis, secondary to ? bladder dysfunction, Ped sx planned MCU, DTPA on resolution of UTI which is showing 20 pus cells in Urine.

Presently, Aryan is awake, continues to be febrile, culture E Coli TT, with Pulse of 104 min, RT insitu on RT feeds, folleys in situ. He is on tapering SIMV +PS mode of ventilator with Tidal volume of 50 cc, FiO2 40% and RR between 20-30/min. He has quadriparesis. On disconnecting from ventilator, there are good diaphragmatic movements, but not adequate to support breathing and need continued mechanical ventilation. Multidisciplinary meeting was done on 25/6/2025, where extensive discussion on prognosis and care was explained, which needs trained nursing staff at home.

This summary is being shared on parents request (Mr. Bhim Bahadur Tamang & Mrs Sunita Lama)

Created Date: 27/06/2025

Created Time: 15:42



Signed By: Dr. Maninder Dhaliwal
Senior Consultant, Assistant Professor
HN005665

Signed On: 27-06-2025 17:35



In Patient Collection & Appropriation

M R D Number	: 216924	Patient Name	: ARYAN TAMANG
Visit Number	: IP0001	Patient Age	: 4 Months
Category	: GNL	Cell Phone	: 91-8800149730
Admitting Doctor	: Dr. Anurag Sharma	Patient Address	: MARUTI VIHAR, SEC-28, Gurgaon, Haryana, India
Speciality	: Paediatric Neurosurgery	Date	: 09/04/2025
Payer	:	Bed Number	: PICU/2630
D.O.A	: 02/04/2025 06:40	Sponsor	: 2

Summary of Transactions

	Charges(Rs)	Credits(Rs)
Amrita Institute of Medical Science [Annexure-1]	218974.75	0.00
Sudhamayi Enterprises Pvt Ltd [Annexure-2]	100518.86	0.00
Advance Amount [Annexure-3]	0.00	300000.00
Paid Amount	0.00	0.00
Refunded Amount	0.00	0.00

Total : 319493.61 300000.00

Net Amount Due (Rs) : 19493.61

Total Amount Due In Words

Nineteen Thousand Four Hundred And Ninety Three Rupees Sixty One Paise only

Created By: Mausam Dubey

Prepared By:

Running Bill

Stamp

In Patient Collection & Appropriation

M R D Number	: 216924	Patient	: ARYAN TAMANG
Visit Number	: IP0001	Patient Age	: 6 Months
Category	: GNL	Cell Phone	: 91-8800149730
Admitting Doctor	: Dr. Anurag Sharma	Patient Address	: MARUTI VIHAR, SEC-28, Gurgaon, Haryana, India
Speciality	: Paediatric Neurosurgery		
Payer	:	Date	: 25/05/2025
D.O.A	: 02/04/2025 06:40	Bed	: PICU/2630
D.O.D	: 25/05/2025 12:54	Sponsor	:

Summary of Transactions

	Charges(Rs)	Credits(Rs)
Amrita Institute of Medical Science [Annexure-1]	178507.70	0.00
Sudhamayi Enterprises Pvt Ltd [Annexure-2]	377341.24	0.00
Advance Amount [Annexure-3]	0.00	1530848.94
Paid Amount	0.00	0.00
Refunded Amount	0.00	0.00
Total :	1555848.94	1530848.94
Net Amount Due (Rs)	:	25000.00

Total Amount Due In

Twenty Five Thousand Rupees only

Created By: Mausam Dubey

Prepared By:



Stamp



Embrace Good Health

AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE
PAN NO: AAATM2403M, Appointment call: 01292851234
Mata Amritanandamayi Marg, Sector 88, Faridabad, Haryana 121002

DRAFT - COPY

IRD No:216924

Gender:Male

DOB: 14/11/2024

Age: 7M 27D

Name:ARYAN TAMANG

Visit Type:IP

Visit Code:IP0003

Visit

Date:10/06/2025

Consultant:Dr. Maninder

haliwal

Service: Renal Function Study -

RESULTREPORT

Findings CLINICAL HISTORY:

patient is a case of mobile atlanto-occipital dislocation with cervical myelopathy and quadriparesis, post operative occipito-cervical fusion), post tracheostomy. Recent H/O UTI. Renal dynamic scan is being done for renal function evaluation.

ROTOCOL:

dynamic renal scintigraphy was done under the gamma camera, immediately after intravenous administration of 1 mCi of ^{99m}Tc-LLEC. Injection Lasix was given as per F-0 protocol. Delayed post-void and 2 hour images were acquired.

INDINGS:

Overall background radiotracer uptake appears normal.

Left kidney appears hydronephrotic with ureter dilated throughout its course. The kidney shows preserved perfusion and cortical tracer uptake followed by pooling of tracer in the pelvi-calyceal system, which drains promptly into dilated left ureter & sequentially the bladder following Lasix administration. Mild tracer retention is seen in the left pelvi-calyceal system till delayed 2 hour images.

Right kidney appears normal in size, shape and location with good perfusion and cortical tracer uptake, with non-obstructive drainage.

Urinary Bladder was visualized at 4 minutes.

	Left Kidney	Right Kidney
Relative Function	49.5%	50.5%

IMPRESSION:

1. Hydronephrotic left kidney with preserved cortical function and non-obstructive drainage.
2. Right kidney with good cortical function and non-obstructive drainage.

Please correlate clinically.

(Please carry report on your next visit for comparison).

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

Verified By: Dr Abhishek Behera

Created Date: 10/07/2025

Created Time: 10:59

Created By : Dr. Abhishek Behera Consultant & Assistant Professor HN-21889

AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

PAN NO: AAATM2403M, Appointment call: 01292851234, Mata Amritanandamayi Marg, Sector 88, Faridabad, Haryana 121002

Culture & Susceptibility - Urine :

Prothrombin Time : 12.9 sec

INPT : 11.5 sec

Bilirubin Direct : 0.10 mg/dL

AST (SGOT) : 20 U/L

Alkaline Phosphatase (ALP) : 334 U/L

Albumin : 3.05 g/dL

AG-Ratio : 2.20 Ratio

T4 [Thyroxine] : 1.49 ng/dL

LUC (panel test for report only) : 4.1 %

Absolute Lymphocyte : 2.50×10^3 u/LAbsolute Eosinophil Count : 0.56×10^3 u/L

Calcium : 9.02 mg/dL

Urea : 14 mg/dL

Sodium : 142 mEq/L

Chloride : 109 mEq/L

BUN Blood Urea Nitrogen : 6.70 mg/dL

HCT (Haematocrit) : 30.1 %

NEUTROPHILS : 52.2 %

MONOCYTES : 10.5 %

BASOPHILS : 0.4 %

RBC (Red blood cell count) : 3.4×10^6 Cells/uL

MCH (Mean cell haemoglobin) : 27.6 pg

RDW (Red cell distribution width) : 15.0 %

sec

Culture ET Suction :

INR : 1.12 sec

Bilirubin Total : 0.31 mg/dL

Indirect Bilirubin : 0.21 mg/dL

ALT [SGPT] : 22 U/L

Protein total : 4.41 g/dL

Globulin : 1.40 g/dL

GGT [Glutamyltransferase, gamma] : 18 U/L

TSH (Thyroid Stimulating Hormone) : 1.06 uIU/mL

Absolute neutrophil count : 4.85×10^3 u/LAbsolute Monocyte : 0.98×10^3 u/LAbsolute Basophil : 0.04×10^3 u/L

Creatinine : 0.20 mg/dL

URIC ACID : 1.67 mg/dL

Potassium : 3.76 mEq/L

Corrected Calcium : 9.780 mg/dL

Hemoglobin : 9.3 g/dL

WBC Counts : 9.3×10^3 Cells/uL

LYMPHOCYTES : 26.9 %

EOSINOPHILS : 6.0 %

Platelets Counts : 186×10^3 Cells/uL

MCV (Mean cell volume) : 89.3 fL

MCHC (Mean Cell Haemoglobin Concentration) : 30.9 g/dL

MPV (Mean Platelet Volume) : 7.8 fL

COURSE IN THE HOSPITAL AND DISCUSSION:

Aryan was admitted in PICU of this hospital on 02nd April 2025. He had Right upper and middle lung opacity on chest X-Ray for which he was evaluated at Fortis wherein ET culture has grown *Pseudomonas*, for which Inj Ceftriaxone was started. Aryan underwent positional drainage and aggressive chest physio after which his chest opacity resolved. He underwent extensive evaluation in form of MRI Brain / MRI C-Spine / NCCT Spine / CT Angiography of Neck vessels. He was also reviewed by Paediatric Neurology and Spine Surgery for definitive treatment. Since it was our assessment that Aryan will be needing long time ventilatory support, it was planned to do Tracheostomy pre-operatively and the same was done by ENT Surgery team on 08th April 2024.

After consultation with Spine surgery, it was decided to go for C0-C1-C2 fixation. The pros and cons of such treatment at this age were discussed with parents in detail and Aryan underwent C0-C1-C2 fixation under GA by Paediatric Neurosurgery and Spine Surgery team on 11th April 2025, which he tolerated well. He improved post-operatively and his limb movements has become better. He was tried for weaning off ventilator intermittently but he was getting exhausted with severe distress and PICU team recommended to continue ventilator. Deglutology consult was also done for swallowing assessment, and their advice was incorporated for oral stimulation along with intermittent oral clear fluids. His oral drooling has improved but he can't tolerate even small volumes of clear fluids yet. Paed Gastro referral was done for PEG but parents wanted to wait and see for improvement before going for PEG. Aryan developed frequent loose post-operatively for which his feeds were modified to Lactose free after which his stool consistency became better. He was again introduced to mothers' milk which again caused consistency of stools to become loose, with holding which he again became better. ?Lactose intolerance was suspected, and it was planned to continue him on Lactose free diets till he

AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

PAN NO: AAATM2403M, Appointment call: 01292851234, Mata Amritanandamayi Marg, Sector 80, Faridabad, Haryana 121002

MRD No:216924

Name: ARYAN TAMANG

Page 7 of 10

Printed On: 23/05/2025 10:43:04

Platelets Counts : 420 X10 ³ Cells/uL	RBC (Red blood cell count) : 4.3 X 10 ⁶ Cells/uL
MCV (Mean cell volume) : 90.9 fL	MCH (Mean cell haemoglobin) : 29.2 pg
MCHC (Mean Cell Haemoglobin Concentration) : 32.1 g/dL	RDW (Red cell distribution width) : 14.2 %
MPV (Mean Platelet Volume) : 7.9 fL	Absolute neutrophil count : 6.14 X10 ³ u/L
Absolute Lymphocyte : 2.54 X10 ³ u/L	Absolute Monocyte : 1.23 X10 ³ u/L
Absolute Eosinophil Count : 0.86 X10 ³ u/L	Absolute Basophil : 0.07 X10 ³ u/L

Date: 19/04/2025

Stool Routine Examination :	Creatinine : <0.15 mg/dL
Urea : 13 mg/dL	BUN Blood Urea Nitrogen : 5.80 mg/dL
URIC ACID : 2.62 mg/dL	Sodium : 140 mEq/L
Potassium : 4.31 mEq/L	Chloride : 102 mEq/L
Hemoglobin : 13.0 g/dL	HCT (Haematocrit) : 41.6 %
WBC Counts : 13.8 X10 ³ Cells/uL	NEUTROPHILS : 60.9 %
LYMPHOCYTES : 19.3 %	MONOCYTES : 10.4 %
EOSINOPHILS : 7.4 %	BASOPHILS : 0.2 %
LUC (panel test for report only) : 1.8 %	Platelets Counts : 406 X10 ³ Cells/uL
RBC (Red blood cell count) : 4.4 X 10 ⁶ Cells/uL	MCV (Mean cell volume) : 94.0 fL
MCH (Mean cell haemoglobin) : 29.4 pg	MCHC (Mean Cell Haemoglobin Concentration) : 31.3 g/dL
RDW (Red cell distribution width) : 14.7 %	MPV (Mean Platelet Volume) : 7.6 fL
Absolute neutrophil count : 8.40 X10 ³ u/L	Absolute Lymphocyte : 2.66 X10 ³ u/L
Absolute Monocyte : 1.44 X10 ³ u/L	Absolute Eosinophil Count : 1.02 X10 ³ u/L
Absolute Basophil : 0.03 X10 ³ u/L	

Date: 16/04/2025

Hemoglobin : 12.2 g/dL	HCT (Haematocrit) : 36.8 %
WBC Counts : 13.1 X10 ³ Cells/uL	NEUTROPHILS : 62.6 %
LYMPHOCYTES : 15.9 %	MONOCYTES : 12.2 %
EOSINOPHILS : 5.4 %	BASOPHILS : 0.5 %
LUC (panel test for report only) : 3.4 %	Platelets Counts : 282 X10 ³ Cells/uL
RBC (Red blood cell count) : 4.0 X 10 ⁶ Cells/uL	MCV (Mean cell volume) : 91.1 fL
MCH (Mean cell haemoglobin) : 30.1 pg	MCHC (Mean Cell Haemoglobin Concentration) : 33.0 g/dL
RDW (Red cell distribution width) : 14.3 %	MPV (Mean Platelet Volume) : 8.0 fL
Absolute neutrophil count : 8.20 X10 ³ u/L	Absolute Lymphocyte : 2.08 X10 ³ u/L
Absolute Monocyte : 1.60 X10 ³ u/L	Absolute Eosinophil Count : 0.71 X10 ³ u/L
Absolute Basophil : 0.07 X10 ³ u/L	Calcium : 8.00 mg/dL
Creatinine : 0.15 mg/dL	Urea : <11.00 mg/dL
URIC ACID : 2.32 mg/dL	Sodium : 144 mEq/L
Potassium : 3.43 mEq/L	Chloride : 105 mEq/L
Albumin : 2.76 g/dL	Corrected Calcium : 9.020 mg/dL
BUN Blood Urea Nitrogen : <5.0 mg/dL	

Date: 12/04/2025

APTT (Activated Partial Thrombo- Time) : 42.5 sec	Prothrombin Time : 18.7 sec
INR : 1.63 sec	MNPT : 11.5 sec
T4 (Thyroxine) : 1.59 ng/dL	TSH (Thyroid Stimulating Hormone) : 0.45

AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

PAN NO: AAATM2403M, Appointment call: 01292851234, Mata Amritanandamayi Marg, Sector 88, Faridabad, Haryana 121002

MED No: 216924

Name: ARYAN TAMANG

Page 3 of 13

Printed On: 23/05/2025 10:47 AM



Embrace Good Health

AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE
PAN NO: AAATM2403M, Appointment call: 01292851234
Mata Amritanandamayi Marg, Sector 88, Faridabad, Haryana 121002

RD No: 216924

Gender: Male

DOB: 14/11/2024

Age: 7M 27D

Name: ARYAN TAMANG

Visit Type: IP

Visit Code: IP0003

Visit

Date: 10/06/2025

Consultant: Dr. Maninder
Jallwal

Service: Micturating
cystourethrogram-MCU

RESULT REPORT

Findings Urinary bladder opacified adequately with contrast.

Bladder contour appears normal with no diverticula or filling defects.

Urethra appears normal in caliber and contour during both filling and voiding phases. No evidence of posterior urethral valve.

No reflux is seen on the right side.

Grade V vesicoureteral reflux is noted on the left side, with opacification of a markedly dilated and tortuous left ureter and pelvicalyceal system.

No significant contrast retention in post-void in bladder.

Please correlate clinically.

IMPRESSION Grade V vesicoureteral reflux on the left side with gross dilatation of the ureter and pelvicalyceal system.

Reported Date: 10/07/2025

Reported Time: 16:12

Signed By: Dr. Vitesh Gaba DNB- Trainee

AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

PAN NO: AAATM2403M, Appointment call: 01292851234, Mata Amritanandamayi Marg, Sector 88, Faridabad, Haryana 121002

MRD No: 216924	Gender: Male	DOB: 14/11/2024	Age: SM 27D
Name: ARYAN TAMANG	Visit Type: IP	Visit Code: IP0001	Visit Date: 02/04/2025
Consultant: Dr. Anurag Sharma	Speciality: Paediatric Neurosurgery	Location: 2F PICU Ward - I-2630	

DISCHARGE SUMMARY (DISCHARGE)

Date of admission: 02/04/2025 06:40

Date of Discharge 25/05/2025

DIAGNOSIS:

Description	Date Onset	Comments	ICD Code SdxIcdCode	ICD Description SdxIcdDec
Atlanto-Axial Dislocation	01/04/2025			
Aspiration pneumonia	02/04/2025			

Procedure Name	Date of Procedure	Details
C0-C1-C2 Fixation under GA	11/04/2025	

CHIEF COMPLAINTS:

Quadripareisis x 1.5 months

Respiratory difficulty x 7 days, on Ventilator since last 5 days

HISTORY OF PRESENT ILLNESS:

Aryan Tamang is an outside born, ex-34 weeker who has presented with Aspiration pneumonia, on ventilator for further treatment at Amrita Hospital.

PAST HISTORY:

The kid was born via LSCS at 34 weeks, indication being polyhydramnios. The kid had delayed cry and was taken to NICU for 10 days after which he was discharged with parents to their home. The kid was brought back after 2 days as he was not maintaining O2 saturation and was admitted again and was discharged after few days, only to be brought back with peripheral cyanosis. The 2D Echo was apparently normal then. Since then the kid has been in and out of hospital (Aakash Hospital / Apollo Spectra / Fortis MRI multiple times, mostly with respiratory issues. He also developed seizures for which Levetra was added but his overall morbidity continued. Since the kid was not able to feed adequately, Niles tube was placed and feeding was started through it. In Mid Feb 2025, the child had multiple seizures for which the kid was admitted again and evaluated with NCCT Head and CV Junction and MRI Brain which revealed Cervical spine compression secondary to T AAD. Last Saturday, the kid was not breathing and parents rushed him to Hospital. He was also having seizures and thus he was intubated. Further evaluation revealed chest infection ? Aspiration Pneumonia. In view of Cervical Spine Compression, he has been brought here for further evaluation and management.

CLINICAL EXAMINATIONS:

EOSINOPHILS : 1.0 %
LUC (panel test for report only) : 3.1 %
RBC (Red blood cell count) : 3.5×10^6 Cells/ μ L
MCH (Mean cell haemoglobin) : 25.9 pg

RDW (Red cell distribution width) : 16.1 %
Absolute neutrophil count : 2.43×10^3 u/L
Absolute Monocyte : 0.26×10^3 u/L
Absolute Basophil : 0.01×10^3 u/L

Date: 05/04/2025

Calcium : 9.00 mg/dL
Urea : 11 mg/dL
Sodium : 137 mEq/L
Chloride : 107 mEq/L
Corrected Calcium : 9.790 mg/dL
Hemoglobin : 9.2 g/dL
WBC Counts : 4.9×10^3 Cells/ μ L
LYMPHOCYTES : 26.6 %
EOSINOPHILS : 0.2 %

LUC (panel test for report only) : 2.7 %
RBC (Red blood cell count) : 3.6×10^6 Cells/ μ L
MCH (Mean cell haemoglobin) : 25.9 pg

RDW (Red cell distribution width) : 15.4 %
Absolute neutrophil count : 2.97×10^3 u/L
Absolute Monocyte : 0.49×10^3 u/L
Absolute Basophil : 0.00×10^3 u/L

Date: 04/04/2025

Sodium : 140 mEq/L
Chloride : 109 mEq/L

Date: 03/04/2025

Sodium : 135 mEq/L
Magnesium : 1.80 mg/dL
HCT (Haematocrit) : 34.4 %
NEUTROPHILS : 66.4 %
MONOCYTES : 1.7 %
BASOPHILS : 1.1 %
Platelet Counts : 126×10^3 Cells/ μ L

MCV (Mean cell volume) : 86.6 fL
MCHC (Mean Cell Haemoglobin Concentration) : 30.0 g/dL
MPV (Mean Platelet Volume) : 7.4 fL
Absolute Lymphocyte : 1.56×10^3 u/L
Absolute Eosinophil Count : 0.07×10^3 u/L

Date: 02/04/2025

Albumin : 3.03 g/dL
Blood Culture - Aseptic

BASOPHILS : 0.3 %
Platelets Counts : 467×10^3 Cells/ μ L
MCV (Mean cell volume) : 86.2 fL

MCHC (Mean Cell Haemoglobin Concentration) : 30.0 g/dL
MPV (Mean Platelet Volume) : 7.8 fL
Absolute Lymphocyte : 1.71×10^3 u/L
Absolute Eosinophil Count : 0.05×10^3 u/L
NEUTROPHILS : 52.8 %

Creatinine : <0.15 mg/dL
URIC ACID : 1.34 mg/dL
Potassium : 4.46 mEq/L
Albumin : 3.01 g/dL
BUN Blood Urea Nitrogen : 6.29 mg/dL
HCT (Haematocrit) : 38.4 %
NEUTROPHILS : 60.6 %
MONOCYTES : 4.9 %
BASOPHILS : 0.1 %

Platelets Counts : 450×10^3 Cells/ μ L
MCV (Mean cell volume) : 85.6 fL

MCHC (Mean Cell Haemoglobin Concentration) : 30.7 g/dL

MPV (Mean Platelet Volume) : 7.1 fL
Absolute Lymphocyte : 1.30×10^3 u/L
Absolute Eosinophil Count : 0.01×10^3 u/L

Potassium : 3.43 mEq/L
CRP (C-reactive protein) : 1.18 mg/dL

Potassium : 4.10 mEq/L
Hemoglobin : 10.6 g/dL
WBC Counts : 7.7×10^3 Cells/ μ L
LYMPHOCYTES : 20.3 %
EOSINOPHILS : 0.9 %
LUC (panel test for report only) : 2.3 %
RBC (Red blood cell count) : 4.0×10^6 Cells/ μ L
MCH (Mean cell haemoglobin) : 26.6 pg
RDW (Red cell distribution width) : 15.4 %

Absolute neutrophil count : 5.42×10^3 u/L
Absolute Monocyte : 0.44×10^3 u/L
Absolute Basophil : 0.02×10^3 u/L

CRP (C-reactive protein) : 4.00 mg/dL
APTT (Activated Partial Thrombo Time) : 36.4

SMITH INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

REG. MED. LABORATORY, Appointment call: 011-261011214, Main Branch: New Delhi, India, Sector 82, Faridabad, Haryana 121002

SMITH MED. LAB.

SMITH MED. LAB.

SMITH MED. LAB.

1. Aryan was consented for surgery and PAC was done.
2. He was placed prone on horse shoe head holder.
3. Parts were cleaned, painted and draped for occipito-cervical fusion.
4. Incision was marked and infiltration was done with lignocaine + Adrenaline solution.
5. Exposure was done and area from Suboccipital region to C5 Spinous process were exposed.
6. C1 & C2 posterior arch were exposed.
7. C1-C2 posterior arches were brought together and Reduction of AAD was confirmed on C-Arm.
8. Foramen magnum decompression was done and the bone peg at foramen magnum, that was indenting dura significantly in midline posteriorly was removed.
9. A 'U' was molded from Titanium rod for setting from inverted 'U' in suboccipital region and limbs in paraspinous region till C4 Laminas.
10. Sub laminar wires were passed from C1-C2 posterior arches bilaterally and another on either side of midline in occipital bone.
11. Sublaminar wires were twisted including the free limb of titanium construct bilaterally and near inverted 'U' loop.
12. Maternal iliac bone graft was also placed in position (Occipital-C2 region) using ethibond sutures.
13. Bone chips were placed in lateral gutters and all around for aiding fusion.
14. Reduction of AAD was confirmed on C-arm.
15. Wound was closed in layers.
16. Sterile dressings were applied.

CLOSURE

Layered Closure with 4-0 Vicryl and 4-0 Vicryl Rapide

PROGNOSIS ON DISCHARGE:

Baby Aryan has myelomalacia changed in cervical cord secondary to repetitive injury caused due to mobile AAD. The likely course of improvement can take some time and till fusion is achieved, Aryan needs to be managed with the brace to limit neck movements with careful observation of skin to avoid any pressure sores. We plan to do a CT scan and MRI-CV Junction between 3-6 months to assess fusion.

DIET RECOMENDATION:

High protein / high calorie feeds through Ryle's tube. Clear fluids can be introduced through dropper / syringe.

PHYSICAL ACTIVITY:

The neck fixation has been done in slight extension and Aryan is in a brace to limit his neck movements and the plan is to continue him on extended neck for next 3-6 months.

Advice

Baby Aryan Tamang has undergone C0 - C1 - C2 fixation for his mobile AAD and fusion will be taking 3 - 6 month time to achieve stability. His cervical cord myelomalacia has caused significant quadriparesis, which is recovering since his surgery, however he continues to be on ventilatory support through Tracheostomy tube.

It is recommended that Aryan be discharged to home to avoid potential acquired infections and at least initially be under care of trained professionals (Nurses trained in PICU / Physiotherapists) and gradual weaning to CPAP mode and then be off ventilator as tolerated.

In case of any emergency, please reach out to ER of nearest hospital for management of acute events.

FOLLOW-UP INSTRUCTIONS:

1. To review in Paediatric Neurosurgery OPD after 15 days with prior appointment.
2. In case of fever, pain, any other complaint or any emergency please reach out to us on 0129-2851234.
3. Aryan has not been vaccinated, and we plan to start his vaccination during OPD follow up.

AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

PAN NO: AAKTM2403M, Appointment call: 01292851234, Nats Amritanandamayi Marg, Sector 38, Faridabad, Haryana 121002

MED No: 214924

Name: ARYAN TAMANG

Page 9 of 10

Printed On: 09/01/2023 10:47:51

Hemoglobin : 13.6 g/dL
WBC Counts : 18.8×10^3 Cells/ μ L
LYMPHOCYTES : 10.7 %
EOSINOPHILS : 2.4 %
LUC (panel test for report only) : 1.2 %
RBC (Red blood cell count) : 4.6×10^6 Cells/ μ L
MCH (Mean cell haemoglobin) : 29.6 pg

RDW (Red cell distribution width) : 15.0 %
Absolute neutrophil count : 14.93×10^3 u/L
Absolute Monocyte : 1.15×10^3 u/L
Absolute Basophil : 0.04×10^3 u/L

Date: 11/04/2025

Calcium : 8.10 mg/dL
Urea : 13 mg/dL
Sodium : 149 mEq/L
Chloride : 111 mEq/L
Corrected Calcium : 9.000 mg/dL

Date: 10/04/2025

Creatinine : 0.18 mg/dL
BUN Blood Urea Nitrogen : 7.40 mg/dL
Sodium : 139 mEq/L
Chloride : 103 mEq/L

Date: 09/04/2025

HIV 1 & 2 4th Generation- ECLIA (HIV) & 2F : Non Reactive
Hepatitis C Antibody - ECLIA (Anti HCV) : Non Reactive

Hemoglobin : 8.6 g/dL
WBC Counts : 8.6×10^3 Cells/ μ L
LYMPHOCYTES : 42.0 %
EOSINOPHILS : 3.6 %
LUC (panel test for report only) : 3.0 %
RBC (Red blood cell count) : 3.4×10^6 Cells/ μ L
MCH (Mean cell haemoglobin) : 25.3 pg

RDW (Red cell distribution width) : 15.9 %
Absolute neutrophil count : 3.55×10^3 u/L
Absolute Monocyte : 0.83×10^3 u/L
Absolute Basophil : 0.04×10^3 u/L
Urea : 11.00 mg/dL
URIC ACID : 1.56 mg/dL
Potassium : 4.57 mEq/L

Date: 06/04/2025

CRP (C-reactive protein) : 0.64 mg/dL
HCT (Haematocrit) : 31.5 %
LYMPHOCYTES : 37.2 %

uIU/mL
HCT (Haematocrit) : 41.0 %
NEUTROPHILS : 79.4 %
MONOCYTES : 6.1 %
BASOPHILS : 0.2 %
Platelets Counts : 303×10^3 Cells/ μ L
MCV (Mean cell volume) : 89.1 fL

MCHC (Mean Cell Haemoglobin Concentration) : 33.2 g/dL
MPV (Mean Platelet Volume) : 7.1 fL
Absolute Lymphocyte : 2.01×10^3 u/L
Absolute Eosinophil Count : 0.45×10^3 u/L

Creatinine : 0.18 mg/dL
URIC ACID : 3.03 mg/dL
Potassium : 2.59 mEq/L
Albumin : 2.88 g/dL
BUN Blood Urea Nitrogen : 6.00 mg/dL

Urea : 16 mg/dL
URIC ACID : 2.02 mg/dL
Potassium : 3.25 mEq/L

Hepatitis B Surface Antigen- ECLIA (HBsAg) : Non Reactive
New Born Blood Grouping & Rh Typing : B Positive

HCT (Haematocrit) : 29.8 %
NEUTROPHILS : 41.3 %
MONOCYTES : 9.6 %
BASOPHILS : 0.5 %
Platelets Counts : 497×10^3 Cells/ μ L
MCV (Mean cell volume) : 87.8 fL

MCHC (Mean Cell Haemoglobin Concentration) : 28.8 g/dL
MPV (Mean Platelet Volume) : 8.1 fL
Absolute Lymphocyte : 3.61×10^3 u/L
Absolute Eosinophil Count : 0.31×10^3 u/L
Creatinine : 0.22 mg/dL
BUN Blood Urea Nitrogen : 5.0 mg/dL
Sodium : 137 mEq/L
Chloride : 99.50 mEq/L

Hemoglobin : 9.1 g/dL
WBC Counts : 4.6×10^3 Cells/ μ L
MONOCYTES : 5.7 %

AMITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Phn No: 9997241334, Appointment call: 91292851234, Main Address: Amity Medical Store, Sector 58, Faridkot, Punjab 147004

MRD No: 218924

Dr. ARYAN TANKHIL

Page 1 of 1

Report No: 218924-2025-04-07-01

CARE FOR APPETITE FOUNDATION

To:

Mr. Deepak Sharma Sir

Founder, Care for Appetite Foundation

Subject: Humble Request for Medical Support Donation

Respected Sir,

Warm greetings to you from the bottom of our hearts.

I write to you with folded hands and utmost humility on behalf of our beloved son, **Aryan Tamang**, who has been battling severe medical conditions since birth. Aryan has been diagnosed on 20/02/2025 with **Anterior subluxation of C1 ossification centres of C2 with resultant reduced cervical canal dimension**. 11th April Post surgery C0-C1-C2 Fixation and is currently suffering from **Atlanto-Axial Subluxation with Myelopathy Quadripareisis** — a complex and painful condition that has left him hospitalised for past 8 months. Currently treatment going on amrita hospital at Faridabad sector 88 under paediatric Dr Maninder Dhaliwal and team and Peadeatric neuro surgeon Dr Anurag Sharma and team Despite all our efforts, the journey has been emotionally, physically, and financially overwhelming. We are struggling every day to meet the cost of continued treatment, medical equipment, home ICU setup, and rehabilitation therapies. Your foundation, known for its commitment to humanity and compassion, is a beacon of hope for families like ours. We humbly request your kind support through a donation that will directly aid Aryan's ongoing treatment. Your contribution will not only help us financially but also restore faith and hope in a better tomorrow.

We will be more than happy to provide all necessary medical documents, reports, and verification required from our end.

Please consider our sincere appeal in this dire time.

With deep respect and immense hope,

[BHIM BAHADUR TAMANG]

[8800149730/9311072362]

[Bhim7890@gmail.com]

[RPS SAVANA FARIDABAD SECTOR 88 TOWER B12A
FLAT NO 406]

Date: [3RD AUGUST 2025]