



Care For Happiness

Because they deserve happiness

| | |
|----------------------|---------------------------------|
| PATIENT NAME: | Master Vedant Verma |
| GUARDIAN: | Kamaldeep Verma |
| AGE / SEX | 13 Years / M |
| DISEASE NAME: | Acute Liver Failure |
| TREATMENT HOSPITAL: | Midas Hospital |
| UHID NO: | MP-29552 |
| DEPARTMENT NAME: | Emergency Medicine |
| TREATMENT COST: | 6 Lakh |
| GUARDIAN OCCUPATION: | Service |
| ADDRESS: | Satna, Madhya Pradesh, India |

Care For Happiness Registration No: 759

Care For Happiness PAN No: AADTC4055E

Care For Happiness Website: <https://cfhindia.org/>

Care For Happiness Mail: help@cfhindia.org

BEFORE



AFTER



UHID/IP: MP-29552/MP-IP3769
Name: MASTER VEDANT VERMA
Age/Gen: 13 Y, 5 Di/Male
D.O.A: 04-09-2025 06:13 PM
Dr/Spec:
Dr Madhumitha Cherukupally/Emergency Me

CASE SUMMARY

THIS 13YRS/M PATIENT ADMITTED HERE WITH MENTIONED COMPLAINTS FEVER SINCE 10/7/25

DIAGNOSED AS TYPHOID AND JAUNDICE ON 19/7/25

C/O FEVER, JAUNDICE, GENERALISED ANASRACA, YELLOWISH COLORATION OF SKIN, MALENA,
RASHES ALL OVER BODY

H/O MULTIPLE HOSPITALISATIONS.

- UNDERWENT BONE MARROW ASPIRATION S/O PURE RED CELL APLASIA, ?HEMOLYTIC ANEMIA.

ANA- NEGATIVE, CERULOPLASMIN- 18

DIRECT COOMBS TEST- POSITIVE 3+, G6PD- 845.1 U/G RBC,

HB ELECTROPHORESIS- NORMAL STUDY,

OSMOTIC FRAGILITY - 6.3G/L OF NACL

WITH US

DROWSY, RESPONDS TO DPS

- ACUTE LIVER FAILURE SECONDARY TO ? WILSONS DISEASE ? HLH, Pure Red Cell Aplasia (PRCA) +
Cytomegalovirus (CMV)+VE

- BLOOD C/S- STAPHYLOCOCCUS AUREUS

- AUTO IMMUNE PANEL- NEGATIVE

- FEVER PANEL - NEGATIVE

- CT BRAIN - No significant abnormality detected in brain parenchyma

- DIRECT COMB TEST - NEG

- INDIRECT COMB TEST - NEG

- CMV - DNA PCR +VE

- FIBRINOGEN <100

- HAD FOCAL SEIZURE ++

- RECEIVED 2 UNIT OF PRC

O/E

GC- CRITICAL

BP - 100/7mmHg

HR - 128/min

Spo2 -97% on 50% FIO2 TV-300,RR-20,PEEP-5

FEVER ++

CVS- S1 S2 NORMAL

CNS- UNDER SEDATION, B/L PUPILS NSRTL

P/A- SOFT

DIAGNOSIS :- ALF ? WILLSON DISEASE WITH PURE RED CELL APLASIA WITH CYTOMEGALOVIRUS +VE

ON GOINT TREATMENT :-

1. INJ TEICOPLANIN 300MG CD
2. INJ NAC 3GM IN 250ML D5% @ 10ml/hr
3. INJ IVIG 10GM+ 100ML D5% @ 8ML/hr
4. INJ GANCICLOVIR 200MG BD
5. INJ TACOSAMIDE 100MG BD
6. INJ CREVIPIL 100MG BD
7. TAB UDILIV 250MG BD
8. TAB RIFAGUT 550MG BD
9. SYP LACTULOSE 20ML TDS
10. IV DNE/HS @ 40ML/hr
11. DUPHALAC ENEMA BD
12. BOWEL WASH BD
13. INJ MIDAS @ 0.5ML/hr
14. TAB PERAMPRENAL 4MG CD
15. GROW VIVA GOLD PROTEIN POWDER BD
16. INJ FCM 300ML SOS
17. INJ FLUCANAZOLE 250MG OD
18. INJ MEROPENEM 2GM IV STAT AND 1GM TDS
19. EYE- TACRIGEL 2 DROPS B/E

Date 13-09-2025

ESTIMATE

NAME OF PATIENT :- MASTER VEDANT VERMA
AGE :- 13 YEARS /MALE
UHID :- MP-29552
DOA :- 04/09/2025
DOD :- STILL ADMITTED
DIAGNOSIS :- Wilson's Disease with Acute Liver Failure

Complicated by:

Hemophagocytic Lymphohistiocytosis (HLH)
Pure Red Cell Aplasia (PRCA) with CMV positivity and Coombs Positive Hemolytic Anemia
Sepsis (Staphylococcus aureus bacteremia)
Generalised Anasarca, Persistent Fever, and Jaundice
Seizure Episodes with Early Cerebral Edema

Patient's tentative medical expenses would be Rs. 6,00,000/- (SIX LAKH ONLY)

Since the patient is admitted in favor of MIDAS MULTISPECIALITY HOSPITAL PVT. LTD.

जमाकर्ता का नाम विमल वर्मा
जमाकर्ता का मोबा. नं. 9039836063
जमाकर्ता का पता नं. 893176365653
जमाकर्ता का मरीज से संबंध पूजा जी
मरीज के निवासस्थान क्षेत्र का नाम सतना (म.प्र.)-63



Authorized Signatory

जानकारी या किसी प्रश्न के लिए कृपया संपर्क करें: 9226471834

कृपया ध्यान दें कि मुख्यमंत्री राहत कोष द्वारा राशि स्वीकृत होने के बाद अस्पताल में मूल UTR पत्र जमा कराएं।

UHID
Patient Name
Age/gender
Interim No
Bed No./Ward
Billing Category
Payer Name
Address

MP-29552
Master Vedant Verma
13 Y, 14 D/Male
MPIPINBL-17423
SICU-9/SICU
ICCU
CASH
Satna, Satna, Satna, Madhya Pradesh,
India

IP Number
Admission Date Time
Admitting Doctor
Admitting Doctor Speciality
Treating Doctor
Treating Doctor Speciality
Referred By

MP-IP5769
04-09-2025 06:00 PM
Dr Madhumitha Cherukupally
Emergency Medicine
Dr. SHRIKANT MUKEWAR
Gastroenterology

| Service Name | Service Code | Price | Discount | Date | Service Priority | Quantity | Service Bill Amount | Total Amount |
|------------------|--------------|--------|----------|------------|------------------|----------|---------------------|--------------|
| ACUPARA IV 100ML | DRG4960 | 786.22 | 0 | 16-09-2025 | | 4 | -3,144.88 | -3,144.88 |
| ACUPARA IV 100ML | DRG4960 | 786.22 | 0 | 16-09-2025 | | 1 | -786.22 | -786.22 |
| | | | | | | | | 423,416.74 |

Payment Details

| Date Time | Receipt Number | Mode | Transaction Type | Transcation No | Amount |
|---------------------|----------------|------------|------------------|----------------|--------|
| 04-09-2025 06:16 PM | MPIPRCN-22220 | Debit Card | Deposit | | 20,000 |
| 05-09-2025 03:01 PM | MPIPRCN-22252 | Cash | Deposit | | 50,000 |
| 06-09-2025 11:47 AM | MPIPRCN-22284 | Cash | Deposit | | 30,000 |
| 06-09-2025 05:23 PM | MPIPRCN-22308 | Cash | Deposit | | 50,000 |
| 07-09-2025 10:17 AM | MPIPRCN-22328 | Cash | Deposit | | 20,000 |
| 07-09-2025 09:23 PM | MPIPRCN-22348 | QR Code | Deposit | | 30,000 |
| 08-09-2025 08:44 PM | MPIPRCN-22405 | Debit Card | Deposit | | 30,000 |
| 09-09-2025 09:31 AM | MPIPRCN-22414 | Debit Card | Deposit | | 50,000 |
| 09-09-2025 05:24 PM | MPIPRCN-22453 | Debit Card | Deposit | | 40,000 |
| 10-09-2025 10:30 AM | MPIPRCN-22471 | QR Code | Deposit | | 32,000 |
| 10-09-2025 04:32 PM | MPIPRCN-22501 | Debit Card | Deposit | | 50,000 |
| 11-09-2025 04:29 PM | MPIPRCN-22554 | Debit Card | Deposit | | 50,000 |
| 12-09-2025 06:03 PM | MPIPRCN-22594 | QR Code | Deposit | | 30,000 |
| 13-09-2025 11:55 AM | MPIPRCN-22617 | QR Code | Deposit | | 30,000 |
| 13-09-2025 05:35 PM | MPIPRCN-22636 | Debit Card | Deposit | | 30,000 |
| 14-09-2025 07:03 PM | MPIPRCN-22670 | QR Code | Deposit | | 30,000 |
| 15-09-2025 01:13 PM | MPIPRCN-22682 | QR Code | Deposit | | 30,000 |
| 15-09-2025 02:02 PM | MPIPRCN-22683 | Debit Card | Deposit | | 20,000 |
| 16-09-2025 10:19 AM | MPIPRCN-22739 | Debit Card | Deposit | | 40,000 |
| 17-09-2025 11:16 PM | MPIPRCN-22814 | QR Code | Deposit | | 30,000 |

Total Amount 902226.74

Net Amount 902226.74

Paid Amount 692000.0

Net Advance Amount 692000.0

Due Amount 210226.74

Patient Attendant signature

Printed By
Ritesh Walkey

Created By
Ritesh Walkey

(***** Electronically Generated Report *****)

CASE SUMMARY

A 13-year-old male presented with altered sensorium, jaundice, fever, generalized anasarca, melena, and a history of multiple hospitalizations. Investigations revealed **pure red cell aplasia (PRCA)**, **initially positive Direct Coombs Test**, and **CMV PCR positivity**, suggesting a complex picture of **immune-mediated hemolysis** with **disseminated viral infection**. MRI brain showed diffuse encephalitic changes and ring-enhancing lesions consistent with **viral encephalitis** and **neurocysticercosis (NCC)**. He developed focal seizures and required sedation and mechanical ventilation. The neurological symptoms were likely multifactorial — due to **hepatic encephalopathy**, **CMV encephalitis**, and **NCC**.

Liver function tests showed **acute liver failure**, with markedly elevated INR and low fibrinogen. Ceruloplasmin was low (18), and critically, **24-hour urinary copper was elevated**, confirming a diagnosis of **Wilson's disease**. This explains the hepatic failure, hemolysis, and possible copper-induced neuronal injury. Ongoing systemic CMV infection, sepsis (*Staphylococcus aureus*), and low fibrinogen raised suspicion for **HLH**, although this may be secondary to Wilson's or CMV. Despite negative autoimmune panels, the multisystem involvement indicated a serious underlying metabolic and infectious etiology.

The child remains in critical condition, sedated and ventilated, with a poor Glasgow Coma Scale and multi-organ dysfunction. He is on **antivirals (Ganciclovir)**, **antiepileptics**, **steroids**, **albendazole**, **supportive transfusions**, and **ICU care**. With the confirmed diagnosis of **Wilson's disease**, **urgent initiation of chelation therapy** and **evaluation for liver transplantation** is essential. Prognosis remains **very poor** due to extensive liver damage, CNS involvement, ongoing infections, and potential HLH. The family has been thoroughly counseled regarding the severity of the condition and need for escalation, including transplant consideration.