



**GROWTH-AND-OBESITY PROFILES OF CHILDREN OF
KARACHI USING BOX-INTERPOLATION METHOD:
CLINICAL PROFILE OF Z. L. Z.**

SGPP-KHI-20001126-02

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Additional File 1

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University of Karachi

THE NGDS PILOT PROJECT

The Sibling Growth Pilot Project



GROWTH-AND-IMAGING LABORATORY

Authenticity: No handwritten notes except original signatures. This report becomes official only after signed by Project Director.

NATIONAL GROWTH AND DEVELOPMENTAL STANDARDS (NGDS) FOR
THE PAKISTANI CHILDREN

THE SIBLING GROWTH PILOT PROJECT (SGPP)

CLINICAL PROFILE OF Z. L. Z.

The SGPP Case Number: SGPP-KHI-20001026-02 (AHS)

Date of Report: January 6, 2003

Date Format: All dates are in the format [year-month-day]

Detailed GROWTH PROFILE is enclosed separately.

Chief Complaint

Failure-to-Thrive (weight below the 3rd percentile).

Referred for

Head-to-Toe Examination followed by suitable intervention to bring the weight at par with the height.

Basic Information

Listed in GROWTH PROFILE.

History

- Parents: Father has back problem (slipped disk).
- Pre and Post-Natal, Infancy: Pregnancy normal, breast- and bottle-fed, no problems during weaning.
- Physical: No throat infection, mother reports hands and feet cold in the morning.
- Social: Coöperative, no social problems reported.
- Academic: Excellent in studies.
- Siblings: One adolescent sister (achieved expected height, slightly underweight), brother (5-years older, flat foot, grossly overweight).

Physical Examination

During each checkup, the child was undressed to panties (shoes, socks, hair band and all clothing above the waist removed) for a thorough examination of the spinal column and the nutritional status.

Authorized Signatures _____

January 6, 2003

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Clinical Profile of Z. L. Z. (Contd.)

- a) The child's umbilical cord was not properly cut.
- b) The child had normal heart sounds (standing and squatting positions).
- c) Her knees do not join, normal walking (but toes inward) and bending to exchange pencils.
- d) No difference in mid-upper-arm circumferences (MUAC) on right and on left hand. MUAC decreased (from 16.0 cm to 15.5 cm) from second to third check up.
- e) During the third checkup the child showed signs of anemia and trunk deformities (C curve on visual examination of back and chest in the thoracic area).
- f) A moiré examination was conducted during the second and the third checkups. Moiré was negative during the second checkup, but positive during the third checkup.
- g) Forward bending test (child facing examiner) was positive during the second and the third checkups.

Intervention after the Second Checkup

Parents were briefed about the gravity of situation and asked to consult a pediatrician, immediately.

Notes

- a) Please refer to the SGPP Case Number in all future correspondence.
- b) The undersigned would appreciate receiving report of your examination and course of intervention.

Privacy Considerations

Child's initials do not correspond to first letters in her name (as per confidentiality standards). Same is true about case numbers appearing in the main and the auxiliary documents. They are not the ones, which are used to classify patient record and appear on the reports issued to patients. However, the NGDS Team can, immediately, track the actual cases from the coded numbers included in this document.

Prof. Dr. Syed Arif Kamal

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End of Report

Web Address of the main document:

AN INVESTIGATION OF GROWTH PROFILES OF THE PAKISTANI CHILDREN

<http://www.ngds-ku.org/Papers/J26.pdf>

Web address of this document:

Additional File 1: Clinical Profile of Z. L. Z.

http://www.ngds-ku.org/Papers/J26/Additional_File_1.pdf