



**PATIENT CONTACT FORM**

**CONTACT : +91-120-4548887**

<b><u>PARTICULARS</u></b>	<b><u>DETAILS</u></b>
PATIENT NAME	MASTER OM
GAURDIAN NAME/FATHER NAME	UPENDAR (FATHER)
CURRENT AGE	2 YEARS 4 MONTH
SEX	MALE
DISEASE	HEART (A.C.H.D )
HOSPITAL NAME	ALL INDIA INSTITUTE OF MEDICAL SCIENCE
ADDRESS	ETAWA, UTTAR PRADESH
FAMILY BACKGROUND	FARMER (LOWER MIDDLE CLASS FAMILY)
TREATMENT REQUIRED	(HEART OPERATION) HEART VALVE
ESTIMATED COST	70000







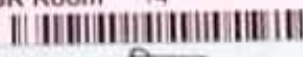
हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

719365  
11/11/18

॥० आ० सं०, नई दिल्ली - 110029

Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

दिनांक Date	CV 2018/014/0036427 UHID: 103933821 Date 10/12/2018	२० MON, FRI	Cardiology Paed. Cardiology
विभाग Deptt.	Name OM		2Y 3M 28D /M
ब०रो०वि०सं० O.P.D. No.	S/O UPENDAR Phone No. 9719471501 Consultant Room 18		Dr. SOURABH KUMAR GUPTA DR. ASEEM
	SR Room 14		



निदान  
Diagnosis

- B/L Cataract & RCHD (Pulmonary stenosis)  
(- Corynebacterium syndrome)
- Actu!
- 1) CBC, RFT, LFT
- 2) ECHO, CXR.

4

Saurabh  
Paed Cardiol

R8-G1  
12/12/18

sw  
10/12/18

② Rv function. Sense valve Ps. Puro elute  
hl for operation for cataract. ~~sw~~  
G.A.

12.12.18



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल में अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

संस्थान का लोगो

Dept Reg. 2018/003/001213

OPR-6

एक/Unit \_\_\_\_\_

Paediatrics/Pediatrics /Unit 1

General/ID

विभाग/Dept \_\_\_\_\_

वर्ष/Year \_\_\_\_\_

O.P.D. Regn. No. \_\_\_\_\_

नाम/Name \_\_\_\_\_

दिनांक/Date \_\_\_\_\_

पता/Address \_\_\_\_\_

स/उ उपकरण \_\_\_\_\_

विशेष टिप्पणी \_\_\_\_\_

डॉक्टर/Dr \_\_\_\_\_

PH. 01147.1101



UID - 10991821

Date 13/08/2018

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

29  
7.386kg

C/o Global developmental delay,  
Congenital cataract

No seizures

Exam: Nystagmus  
Cataract  
Systolic murmur

ECHO: Severe Pulmonary stenosis (PG - 80 mmHg)  
PDA L→R.

Imp. ? Congenital Rubella Syndrome

- Refd to Ped. cardiology Mon/Wed/Friday 2:00 PM
- RPC for cataract
- Son reported in first neurology

2018082010233  
2018082010233

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

ब० रो० वि० कार्ड  
O.P.D. Card



नेत्र विज्ञान केंद्र  
ए.आई.एम.एस. नई दिल्ली

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र,  
आ० भा० आयु० सं०, नई दिल्ली - 110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi - 110029

यु एच आई डी संख्या  
UHID No. 1039 338 21

आचार्य  
Prof

रोगी का नाम Name of the Patient <u>DM</u>	पुत्र/पुत्री/पत्नी S/D/W <u>24</u>
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दिनांक DATE	निदान DIAGNOSIS
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<p><u>24/8/18</u></p> <p>1c1c1o cong. subella syndrome ⊕</p> <p>Pulm. Stenosis ⊕</p> <p>PDA ⊕</p>	<p>C/S/C New lens clinic उपचार</p> <p><del>BE Congenit</del> (BE)</p> <p>D- BE Congenit</p> <p>Plan. - (R)</p> <p>↓ DOA :-</p>
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ब० रो० वि० कार्ड  
O.P.D. Card



अनुभाग व दिन  
Section and Day  
गंगालक्ष्मी व शक्रवार  
V  
कमरा नंबर  
Cabin No.

डा० राजेन्द्र प्रसाद  
ब० भा० आयु०  
Dr. Rajendra Prasad  
A.I.I.M.S., New Delhi  
यु एच आई डी सं  
UHID No.

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES

UHID: 103933821      Date: 14/08/2018      General

Dept. No.: 20180050100790      OM      2Y/3M      Room No.: 34A

Unit: V      Unit: V

Address: RAJIV GANDHI MARG, GHUSSEENAPUR, ETAWAH, UTTAR PRADESH, Pin: 201101  
Mobile: 9719471501

रोगी का  
Name of the

दिनांक DATE	निदान DIAGNOSIS
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- NFTVD  
- delayed  
Cong  
delayed  
milestones!

उपचार Treatment  
Parents noticed inward deviation Vn < follow object  
of eyes & to & fro movements follow object  
of eyeballs since birth  
Outside Ased as Congenital rubella synd i s/nHL  
i BE Cong. Cataract i Nystagmus i esotropia  
i GDD

on torch light

Cornea appears clear

BE Congenital Cataract.

116  
Late BE

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।  
Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं

C/S/C New lens clinic <sup>उपचार Treatment</sup> By Prof. Tushar  
~~R/E Congenital (PSC)~~

D- R/E Congenital cataract (Blue dot  
c R/E PSC.

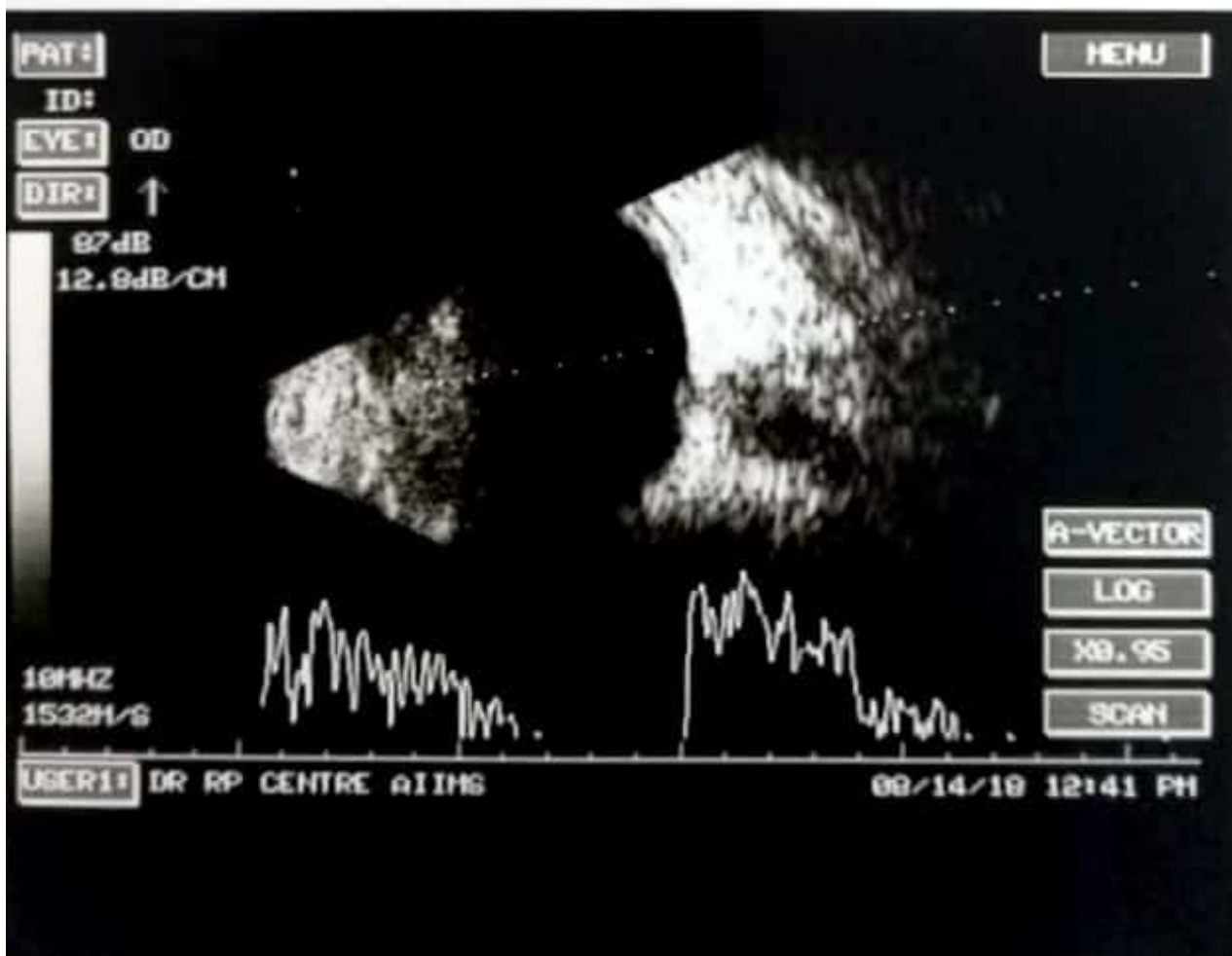
Plan. - (R) → (L) lensasp +  
PCLOZ - ↓ GA  
↓  
DOA :- Dr. Asif.  
ward 2B  
→





②

Om



**ECHOCARDIOGRAPHY REPORT**

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Om AGE 2 yr SEX M/F DATE 12/12/2018  
ECHO No. 32235 GW No. \_\_\_\_\_ UHID No. 103933821 C.R. No. \_\_\_\_\_  
HEIGHT \_\_\_\_\_ cm WEIGHT \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup> Ref. Physician Dr Saurabh  
Referring Diagnosis \_\_\_\_\_ Done by Dr. Dr. Anurag Checked by Dr. \_\_\_\_\_  
Quality of Imaging Poor/Adequate/Good

**MITRAL VALVE**

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/ Prolapse/ SAM/ Doming  
PML Normal/ Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Present/ Absent Score \_\_\_\_\_  
Doppler Normal / Abnormal  
Mitral stenosis Present / Absent RR interval \_\_\_\_\_ msec  
EDG \_\_\_\_\_ mmHg - MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

**TRICUSPID VALVE**

Morphology Normal/ Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming  
Doppler Normal/ Abnormal  
Tricuspid stenosis Present/ Absent RR interval \_\_\_\_\_ msec  
EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals  
Valocity \_\_\_\_\_ m/sec Pred. RSVP-RAP+ \_\_\_\_\_ mmHg

considered  
yellow

**PULMONARY VALVE**

Morphology Normal/Atresia/Thickening/Doming/Vegetation  
Doppler Normal/Abnormal  
Pulmonary stenosis Present/Absent Level Value  
PSG 70/62 mmHg Pulmonary annulus \_\_\_\_\_ mm  
Pulmonary regurgitation Present/Absent  
Early diastolic gradient \_\_\_\_\_ mmHg End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology Normal/ Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4  
Doppler Normal / Abnormal  
Aortic stenosis Present/Absent Level  
PSG \_\_\_\_\_ mm Hg Aortic annulus 9 mm  
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

**Measurements**

Aorta 12  
 LV es 16  
 IVS ed 7  
 RV ed  
 EF 62%  
 IVS Motion  
 IAS indist

**Normal Values**

(21-22mm/m<sup>2</sup>)  
 (16-19mm/m<sup>2</sup>)  
 (06-10mm)  
 (4-14mm/m<sup>2</sup>)  
 (62-80%)  
 Normal/Flat/Paradoxical

**Normal Values**

LA es 14  
 LV ed 28  
 PW(LV)ed 7  
 RV Anterior wall (upto 5mm)

**CHAMBERS**

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy  
 Contraction Normal/Reduced  
 LA Normal/Enlarged/Clear/Thrombus  
 RA Normal/Enlarged/Clear/Thrombus  
 RV Normal/Enlarged/Clear/Thrombus

TRISE 21  
 value PS  $\approx 70/40$  mmHg  
 @ BLU junction  
 mild RVH.  
 plan - cleaned for  
 GA/CA for  
 cardiac surgery  
 cataract  
 elective PVRS.  
 NPBA. 12/12/18

**PERICARDIUM**

Normal/Thickened/Calcification/Effusion.

**REMARKS**

SS, CC, AV-VA - concordant.  
 3BV  $\rightarrow$  CA, SVC, IVC + AA

Severe valvular PS (Ap 70/42 mm Hg).

**TEE**

@ BLU junction

No VSD/ASD/PDA/CoA

**DIAGNOSIS**

**Final Impression**

A2000.

Severe valvular PS (A 70/42), @ BLU junction

*[Signature]*  
 Resident

Consultant

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
(AIIMS)  
New Delhi,  
**APPOINTMENT SLIP**



Done By-2275 Queue No-7 (New) General ₹ 0.0

Department Name: R. P. Centre (Eye Centre)/Lens Clinic

Appointment Date: 17/08/2018  
Reporting Time: 12.30 PM

Doctor Name	Dr. DOCTOR LENS CLINIC UNDER UNIT III R.41	Appointment Request date	14/08/2018
Name of Patient	MR OM OM	Appointment No	2018081409005
Sex	Male	Age	2 years 1 day
Contact Details	Mobile: XXXXXXX501	Request Mode	counter



भारत सरकार

Government of India

ओम

Om

पिता : उपेन्द्र

Father : Upendra

जन्म तिथि / DOB: 21/09/2016

पुरुष / Male

यह आधार 5 वर्ष की उम्र तक ही वैध है

5521 6978 8279



बाल आधार

मेरा **आधार**, मेरी पहचान



भारत सरकार

Government of India



उपेन्द्र .

Upendra .

जन्म तिथि / DOB : 01/01/1990

पुरुष / Male



8966 0502 1606

मेरा आधार, मेरी पहचान



भारत सरकार

GOVERNMENT OF INDIA



अंजली

Anjali

जन्म तिथि/ DOB: 11/06/1996

महिला / FEMALE



9800 3441 3092

आधार-आम आदमी का अधिकार