



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE

42
 ↓
 35

अखिल भारतीय आयुर्विज्ञान संस्थान
 A. I. I. M. S. Hospital

नाम

Name _____

एक्स-रे नम्बर

X-Ray No. _____

हस्पताल क्रम नं.

Hosp. C.R. No. _____

एक्सरे जांच के लिए अंग

Examination Required _____

चिकित्सक की जांच रिपोर्ट :

Clinical Information :

CV 2018/06/001254447

UHID : 100901420

DATE 15/12/2018

FRI

Name CHANDAN KUSHWAHA .

S/O VINOD KUMAR

Phone No. 9396014583

Consultant Room 15

SR Room 14



Cardiology

Cardiology

5 YR

General

Dr.SOURABH
 KUMAR GUPTA
 DR. SUMAN

एक्सरे-फार्म

ACQUISITION FORM

लिंग

आय

Sex

Income

TOF Physiology

CXR PA

किसी दवा का बुरा प्रभाव

Any History of Allergy _____

अन्तिम माहवारी तिथि

LMP _____

कोई पुराने एक्स-रे

Any Previous X-Ray _____

चिकित्सक के हस्ताक्षर

SIGNATURE OF MEDICAL OFFICER

रेडियोग्राफर के लिए

FOR RADIOGRAPHERS USE

| |
|------------------------------------|
| पहचान चिन्ह Identification Mark |
| अंगूठा निशान Thumb Impression |

| | | |
|----------------------|-----------------------------------|----------------------------|
| कमरा नं. Room No. | फिल्म साइज Size & No. of Films | के. वी. एम.ए.एस. KV MAS |
| हस्ताक्षर /Signature | | |

रिपोर्ट

REPORT

एक्स रे-चिकित्सक

RADIOLOGIST



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

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

शरीरवाचक चतुर्धर्मसम्बन्धम्

एकक / Unit _____
विभाग / Dept. _____
नाम / Name _____

CV 2018/06/001254447
UHID : 100901420
DATE 13/12/2018 FRI
Name CHANDAN KUSHWAHA . 5YR
S/O VINOD KUMAR
Phone No. 9396014583
Consultant Room 15
SR Room 14

Cardiology
Cardiology
OPR-6

gn. No. _____
पता / Address _____



निदान / Diagnosis

दिनांक / Date
1

10.9kg
C/O ACHD

उपचार / Treatment

C/O ACHD + O₂ / O₂ ASD

Came for failure for thru evaluation

no recurrent fever / loose stools

• ~~recurrent~~ no H/O CHF.

• one episode of LRTI in past one month.

• no persistent cough.

• good appetite (+)

Diagnosis

Wt - 10 kg (Ecut date) (< 3rd centile) → severely undernourished
Ht - 82 cm (< 3rd centile) → severely stunted.

→ Developmentally (N) → No H/O CHF

Hb - 11.7
TLC - 12200
M/C 57/32
P/E 300K

PE - vitals - stable

• CPE - no rcm / sign of vit deficiency

System. evs - ~~•~~ early syst. murmur, 2nd/3rd
• ? Diastolic murmur

• no (N)
• chest B/c clear

ECG/RR - Not done

C.N. CENTRE
CLINICAL PATHOLOGY
HAEMATOLOGY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

37
24

REG. NO.

OPD/WARD

UNIT

NAME

SEX

NATURE OF ANTICOAGULANT
(for Ward Cases)

HEPARIN

S
T
A
M
P

DATE

DIAGNOSIS

CV 2018/06/001254447

UHID : 100901420

DATE 15/12/2018

FRI

5 YR

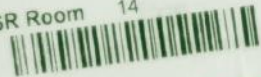
Name CHANDAN KUSHWAHA .

S/O VINOD KUMAR

Phone No. 9396014583

Consultant Room 15

SR Room 14



Cardiology
Cardiology

General
Dr.SOURABH
KUMAR GUPTA
DR. SUMAN

FOR LAB. USE ONLY

LAB. REF. NO.

DATE OF RECEIVING THE SPECIMEN

HAEMATOLOGIST

INCOMPLETE FORMS WILL NOT BE ACCEPTED

H E M A T O L O G Y Final Patient R E P O R T 04/27/15 11:07 AM

SAMPLE ID: 18

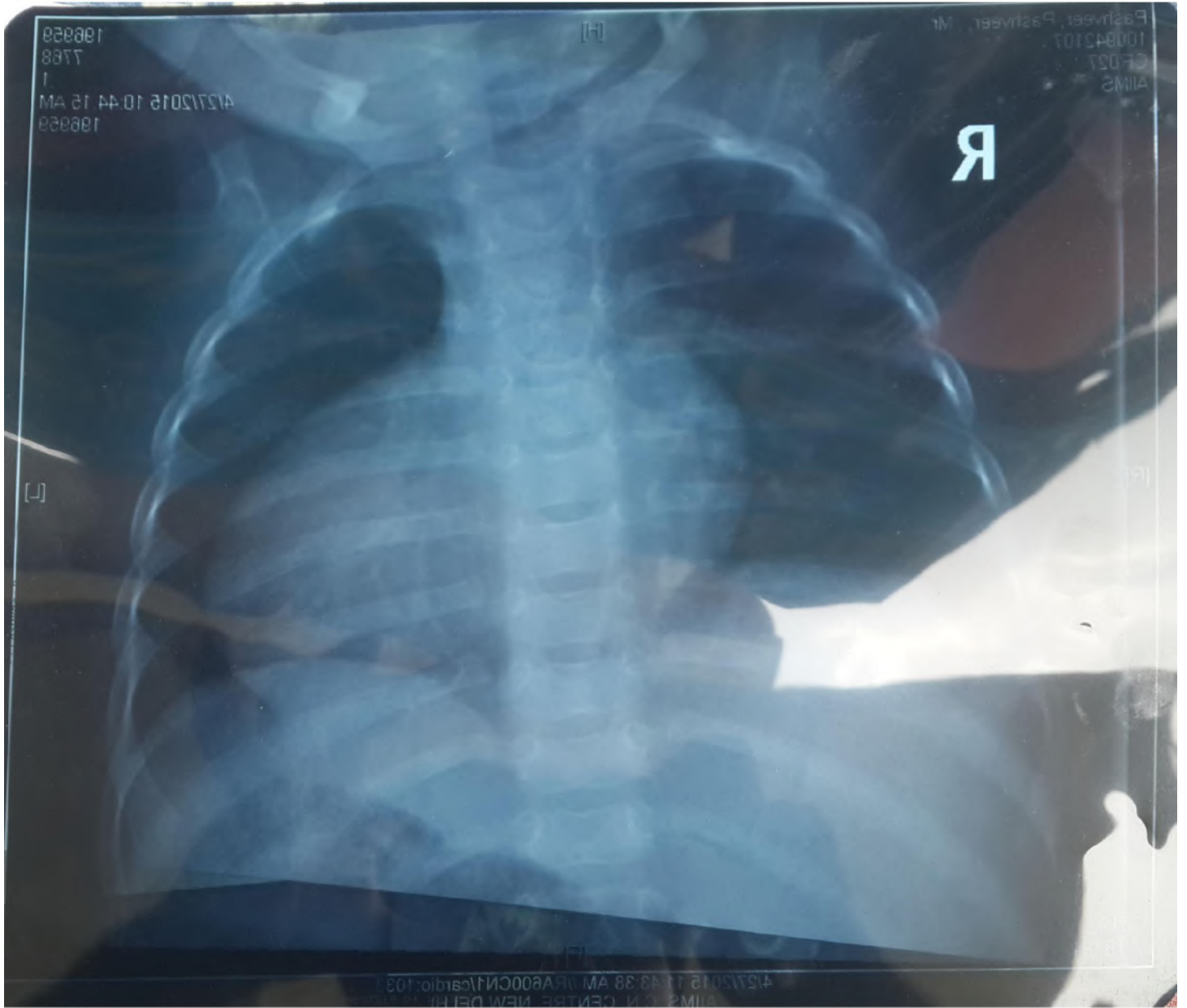
SEX : U

ORCOM:

DOC:

LOC:

| TEST | RESULT | ABN | NORMALS | UNITS |
|--------|--------|-------|-----------------|---------------|
| WBC | | 12.71 | (5.2 - 12.4) | 10e3/ μ L |
| RBC | | 7.63 | (4.2 - 6.1) | 10e6/ μ L |
| HGB | 14.7 | | (12 - 18) | g/dL |
| HCT | 50.3 | | (37 - 52) | % |
| MCV | | 66.0 | (80 - 99) | fL |
| MCH | | 19.3 | (27 - 31) | pg |
| MCHC | | 29.3 | (33 - 37) | g/dL |
| CHCM | | 27.8 | (33 - 37) | g/dL |
| CH | 18.2 | | (-) | pg |
| RDW | | 20.9 | (11.5 - 14.5) | % |
| HDW | | 4.36 | (2.2 - 3.2) | g/dL |
| PLT | | 118 | (130 - 400) | 10e3/ μ L |
| MPV | | 7.1 | (7.2 - 11.1) | fL |
| %NEUT | | 35.8 | (40 - 74) | % |
| %LYMPH | 45.3 | | (19 - 48) | % |
| %MONO | 6.6 | | (3.4 - 9) | % |
| %EOS | 2.9 | | (0 - 7) | % |
| %BASO | 1.1 | | (0 - 1.5) | % |
| %LUC | | 8.4 | (0 - 4) | % |
| %NRBC | ***** | | | |
| #NEUT | 4.55 | | (1.9 - 8) | 10e3/ μ L |
| #LYMPH | | 5.76 | (0.9 - 5.2) | 10e3/ μ L |
| #MONO | 0.83 | | (0.16 - 1) | 10e3/ μ L |
| #EOS | 0.37 | | (0 - 0.8) | 10e3/ μ L |
| #BASO | 0.14 | | (0 - 0.2) | 10e3/ μ L |
| #LUC | | 1.07 | (0 - 0.4) | 10e3/ μ L |
| #NRBC | ***** | | | |



Adv = 1) Colicid sachet - 60,000 IU - Every 10 Days
x 3 Months } → 6 boxes
daru panti

2) Symp. sachet (5ml/25mg) - 5ml PO-OD.

3) R/w after 3 Months E - Ca
- P
- AUP
- x Bay rindi

4) F/U in Paediatric Geriatrics for.

Geni PS & ASD - / in Paediatric Geriatrics

SOS (Daru raji explained)

Handwritten signature

27/3/2018



Unique Identification Authority of India, Government of India / भारतीय पहचान प्राधिकरण, भारत सरकार
 Acknowledgement/ Consent for enrolment / पंजी / अंगिकार हेतु सन्धि



Enrolment No./संयोजन संख्या: 2189/53658/02606 ***This is not the Aadhaar Number*** Date/दिनांक: 24/07/2017 18:28:46

R Ropt No: Not Given

Handan Kushwaha (Male)

बन्धन कुशवाहा (पुरुष)

/O: Vinod Kumar

अजय, विनोद कुमार

Address:

पता:

pra Bazar,
 akhari Chhapra, Kushinagar, Uttar Pradesh- 274305

पिपरा बाजार,
 सुखरी चपरा, कुशीनगर, उत्तर प्रदेश- 274305

inod (Father)

विनोद (पिता)

Date Of Birth/जन्मदिनांक: 01/01/2013(DECLARED)

Mobile/मोबाइल: 9005363774

Email/ईमेल: Not Given

Proof of Relationship to HOF: PDS Card



Fingerprint quality

Fingerprints are not captured for minors.

Information Sharing Disclosure/जानकारी साझा करने के प्रकारिकरण: Yes/हाँ.

Biometrics Captured:
 Face

Location: ** ** **

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



चन्दन कुशवाहा

Chandan Kushwaha

जन्म तिथि: 01/01/2013

पुरुष / MALE



8990 5668 3438

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India™

पता:

आत्मज: विनोद कुमार, सुखारी
छपरा, कुशीनगर,
उत्तर प्रदेश - 274305

Address:

S/O: Vinod Kumer, Sukhari
Chhapra, Kushinagar,
Uttar Pradesh - 274305

8990 5668 3438