



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



बाल चिकित्सा विभाग  
UHID: 107370007  
Dept No: 20240030006553  
ANKUSH YADAV  
S/O RADHASHYAM YADAV  
8Y 2M 2D / M (पुरुष)  
EAST CHAMPARAN, BIHAR, Pin: 0, INDIA

कमरा / Room  
C-206  
Queue / संख्या  
F13  
Unit-II, Paediatric,

OPR-6

व०रो०वि० पंजीकृत सं० / O.P.D. Regn. No.

आयु Age	पता / Address

FRI मंगल शुक्र



निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

13/6/24

1/10 DMD (Exon del 49-52)

CRK (N)  
PFT (N)

was vaccinated for PPSV23 on 7/5/24

↓

had pain @ injection site  
gradually ↑ to a point the child  
could not stand & was  
non-ambulatory.

had swelling ⊕  
local rise of S ⊕  
tenderness +++

US ⊕ thigh done if/0  
US ⊕ thigh. ? hematoma  
? Compartment Syndrome

Mild ⊕ RT effusion  
E fluid in subpatellar bursa



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)



Medications

↳ syp par

↳ T. Mynoral forte

↳ limb elevations - warm compress

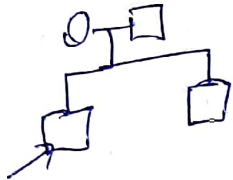
⓪/ⓔ

No joint swelling / ⓪ High swelling

No local rise of Δ

No joint tenderness

child afebrile, active, co-operative



Advice

↳ review in NMC clinic on 7/6/24 @ 2pm 215-B

↳ T. Shelcal (500mg) 1 tab OD

↳ Physiotherapy

↳ CPK of elder sibling. → bring report @ next visit along c the patient

→ (208) → VDIP certificate

  
Suben

holding hands in medical fees 10:00 AM

Mother & child, B1, 64R

Ph. 8527010108 ⓪ R my child passport size photo

⓪ A.I. in cards



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बहिरंग रोगी विभाग / Out Patient Department



अंगदान से जीवन बचाएँ

REMISES

बाल चिकित्सा विभाग  
UHID:107370007

कमरा / Room  
C215 -B

Queue / संख्या  
F75

OPR-6

Dept No: 20240030006553

Unit-II, Paediatric.

Regn. No. \_\_\_\_\_

ANKUSH YADAV

S/O RADHASHYAM YADAV  
8Y 1M 18D / M(पुरुष)  
EAST CHAMPARAN, BIHAR, Pin:0, INDIA

FRI मंगल शुक्र

पता / Address



Reporting: 10/22/2024  
26/04/2024

एकक / Unit \_\_\_\_\_

विभाग / Dept. \_\_\_\_\_

नाम / Name

निदान / Diagnosis

DMD phenotype

दिनांक / Date

उपचार / Treatment

28

IS-Rg

MCPA report - awaited.

ambulatory

VD/D

- Vaccination complete
- Echo - normal.
- Mantoux - negative.
- PFT - normal.

Brobee - 1

Magnos - 3.

Advice

- 1) TO collect MCPA report.
- 2) Tab. sheleal (500mg) 1 tab OD
- 3) mowcol pediatric sachet 1 sachet h's
- 4) Tab. Canzol Jr (15mg) 1 tab OD



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)



Scanned with OKEN Scanner



5) physiotherapy

6) r/v m CPA, report

to start steroids based on report.

Swaps

Dr SWAPNA  
Senior Resident  
DM Pediatric Neurology  
Department of Pediatrics  
AIIMS, New Delhi





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बहिरंग रोगी विभाग / Out Patient Department



बाल चिकित्सा विभाग.

UHID: 107370007  
ABHA: 0  
Dept No.: 20240030006553

कमरा / Room

C-206  
Unit-II

Paediatric

मंगल, सुक्र.

12/03/2024

Queue: F14



OPR-6

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

ANKUSH YADAV

SIRADHASHYAM YADAV 84.  
01 8140 / MUMBAI  
Add: EAST CHAMPARAN, BIHAR, Pin 0, INDIA

आयु  
Age

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

19

16 kg

F/U/C of ? DMD.

maux Neg. [0 mm]

genetic analysis sent

CXR - WNL.

o/e Flexor weakness ⊕.

PFT - (N)

Atrophy ⊕

CD/w Dr. Anshu (SR, Peds Neuro)

Plan

↳ To collect MHPA report

↳ To review after 1 mo

↳ 2D ECHO - Myxomatous MV w (from outside) Trace MR, trace TR

To repeat 2D ECHO → Peds Cardio Mon / Wed / Fri (CNG)

↳ Symp Lactulose 15ml HS x 1 mo (for constipation)

↳ Symp PCM (150mg/5ml)

5mL PO QDS

for temp > 100°F



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

अर्पण 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)





10 Dmn

- Exon-49-52 deletion
- Cpr → normal ✓
- Vaccinated with  
 varicella ✓  
 pneumococcal ✓  
 Cpr-13 ✓  
 Influenza ✓
- ongoing physiotherapy

Pls - R/A in 215 when on 7/4/24  
 - PPSV 23 stat 203

Exon 49-52 deletion

R/A. 4 weeks. in. nmc clinic

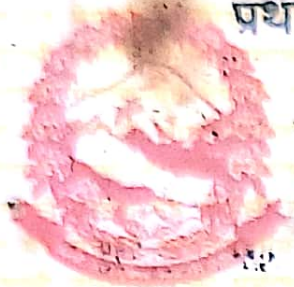
Ardey, 2pm. (215-B)

- to start steroids
- nmc - file, vac ds / Dcmr.
- Tab. Amelal (500mg) 1 tab OD. 1/2 बॉटल
- Physiotherapy.

Dr SWAPNA  
 Senior Resident  
 DM Pediatric Neurology  
 Department of Pediatrics  
 AIIMS New Delhi

Swaps





प्रथम प्रतिलिपि

२०७२/१९१५

नेपाल सरकार

गृह मन्त्रालय

जिल्ला प्रशासन कार्यालय रौतहट



नेपाली नागरिकताको प्रमाणपत्र

ना.प्र.नं.: ३२-०१-७०-०१९४७



नाम थर:	सुनिता यादव	लिङ्ग महिला
जन्म स्थान:	जिल्ला: बारा	
	गा.वि. स.: अमृतगन्ज	वडा नं. २
स्थायी बासस्थान:	जिल्ला: रौतहट	
	न.पा.: गौर	वडा नं. ६
जन्म मिति:	साल: २०५१ महिना: ०५ गते: १५	
बाबुको नाम थर:	बिरेन्द्र प्रसाद	ना.प्र.नं.:
ठेगाना	अमृतगन्ज गा.वि. स.-२, बारा	ना. कि.
आमाको नाम थर:	XXX	ना.प्र.नं.:
ठेगाना		ना. कि.
पति/पत्नीको नाम थर:	राधेश्याम राय	ना.प्र.नं.:
ठेगाना	गौर न.पा.-६, रौतहट	ना. कि.:

प्रशासनिक



Government of Nepal has issued this Citizenship Certificate with following details.

Citizenship Certificate No.: 32-01-70-01947 Sex: Female

Full Name.: SUNITA YADAV

Date of Birth (AD): Year:1994 Month:AUG Day:31

Birth Place: District: Bara  
VDC: Amritganj Ward No.2

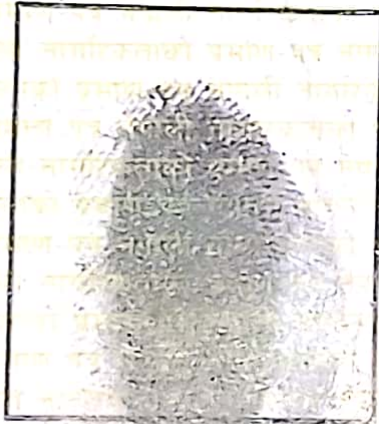
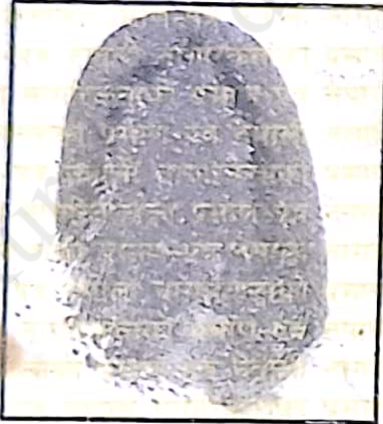
Permanent Address: District: Rautahat  
Municipality: Gaur Ward No.:6

नेपाल नागरिकता ऐन २०६३ बमोजिम यो नागरिकताको प्रमाणपत्र दिइएको छ ।

नागरिकता किसिम: वंशज

प्रमाण पत्र बाहकको दस्तखत:

(दायाँ) औंठाको छाप (बायाँ)



मिति : २०७१-११-०९  
प्रतिलिपि दिने अधिकारीको  
नाम : अमृत सुवेदी  
दर्जा : प्रशासकीय अधिकृत  
दस्तखत :

प्रमाण पत्र जारी गर्ने अधिकारी

दस्तखत :

नाम थर : मुरारी कार्की  
दर्जा : प्रशासकीय अधिकृत  
जारी मिति : २०७०-०४-१६

*Handwritten signature and date: 2071/11/09*  
**प्रशासकीय अधिकृत**

यो प्रमाणपत्र कसैले फेला पार्नुभएमा नजिकको विल्ला प्रशासन कार्यालयमा वा प्रहरी कार्यालयमा बुझाईदिनुहोला ।





अनुसूची-१२ (नियम ७) संग संलग्नित,  
नेपाल सरकार

सङ्घीय मामिला तथा स्थानीय विकास मन्त्रालय  
केन्द्रीय पञ्जिकरण विभाग

स्थानीय पञ्जिकाधिकारीको कार्यालय

वडा नं. ४., गौर नगरपालिका

रौतहट जिल्ला २ नं० प्रदेश

जन्म दर्ताको प्रमाणपत्र

दर्ता नम्बर : ६४

दर्ता मिति २०७३-०१-१९

पारिवारिक लगत फाराम नं.

यस कार्यालयमा खडा गरिएको जन्म दर्ता किताब अनुसार प्रमाणित गरिन्छ कि सूचक श्री/श्रीमती

राधेश्याम राय

ले भरेको अनुसूची-२ को सूचना फाराम बमोजिम

श्री पासपत राय यादव

को नाति/तिनी २ नं० प्रदेश जिल्ला रौतहट

गाउँपालिका/नगरपालिका

वार्ड नं. ४ मा बस्ने श्री राधेश्याम राय

तथा श्रीमती

सुनिता यादव

को

छोरा/छोरी श्री/सुधी अंकुश राय यादव

को मिति वि.सं.

२०७३/१९/२२ (.....ई.सं.) मा जन्म भएको हो।

नागरिकता लिपुको भए

नागरिकता प्रमाणपत्र नं. जारी मिति र जिल्ला

क. बाबुको :- १००९  
१२२२

ख. आमाको :- ३२-०९-६०-०९१४६

स्थानीय पञ्जिकाधिकारीको

सही :

नाम थर :

मिति : २०७३-०१-१९





# अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

## बहिरंग रोगी विभाग / Out Patient Department



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

शरीरमांस खतु धर्मसाधनम्

Mon, Wed, Fri

OPR-6

एकक/Unit \_\_\_\_\_

विभाग/Dept. 2024/002/0002503

ब० रोगी० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

नाम/Name (Physical Medicine & Rehabilitation) PMR	F / S / W / D of	Sex	Dr. S.L.Yadav Age	Address
ANKUSH YADAV	S/O : RADHASHYAM YADAV	पुरुष M	8 वर्ष / Y 1 M 21 दिन / D	10737000 EAST CHAMPARAN, BIHAR, Pin:0, INDIA

निदान/Diagnosis

DMD

दिनांक/Date	उपचार/Treatment
<p>Registration Time : Mon-Fri: 8:30 - 11:00 AM Sat: 8:30 - 10:30 AM</p> <p>Done By: PMR Counter/295300654 Room No. 9, Ground Floor (तल मंजिल) 29/04/2024 09:11:04 AM</p> <p>*TO TAKE APPOINTMENT NUMBER THROUGH PHONE, DIAL: 011-26589142 **फोन के माध्यम से अपाईंटमेंट नंबर लेने के लिए, डायल : 011-26589142 ***Doctor may not be available, However you may be seen by some of the doctors in the department ***आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।</p> <p>57</p> <p>Hb: 2.10Am</p> <p>CPK 14928</p> <p>Dr. S.L.YADAV MD, DNB 29/4/2024 Dep. of Physical Medicine &amp; Rehabilitation अ.भा.आ.स., नई दिल्ली-110029. A.I.I.M.S., New Delhi-110029.</p> <p>PP Ses done PP 19/4/24</p>	<p>Cover's sign +ve</p> <p>1. NMT bil lower limb</p> <p>2. Submaximal motor strength ex</p> <p>3. stretching ex for TA, Hip flexors</p> <p>#7</p>



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)





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



Physical Medicine & Rehabilitation.

UHD: 107370007  
 ABHA: 0  
 Dept No.: 20240020002503

कमरा / Room

9  
 Unit  
 PMR OPD

OPR-6

धनम्  
 SNO: 63  
 Dept.

नाम/Name

ANKUSH YADAV  
 S/ORADHASHYAM YADAV  
 DYM3D / M1 (उत्तर)  
 Add: EAST CHAMPARAN, BIHAR, Pin 0, INDIA

सोम, बुध, शुक  
 Mon, Wed, Fri  
 11/03/2024  
 Queue: 0



Reporting: 08:57:37

No. \_\_\_\_\_  
 पता/Address \_\_\_\_\_

निदान/Diagnosis

? DMD

दिनांक/Date

06:10:14

उपचार/Treatment

~~Canoe~~ ~~for~~ Referred from pediatrics  
 No difficulty while getting up  
 from sitting position (+)  
 Progressive weakness R limbs

Birth history: Full term (LSCS)  
 No delay in cry  
 No NICU stay

OL - No cat hypertrophy  
 No breathy difficulty  
 Croucher sign (+)

OL - Rom (m) BR  
 Tone normal



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)



power - Shoulder - Flex 4r  
 - Ext 4r  
 - Abdu 4r  
 - Adduct 4r

Elbow - Flex 4r  
 - Ext 4r

Wrist - Flex 5r  
 - Ext 5r

u - Rom (uu) 90  
 Tone Normal

power - Hip - Flex 4r  
 - Ext 3r  
 - Abd 4r  
 - Add 4r


Knee - Flex 4r  
 - Ext 4r

Ankle - Df 5r  
 - Pr 5r

Ass

- Submaximal, non-fatigable strengthening
- 60 bpm UA and UC
- Rom 90 BU UA and UC
- Deep breathing Ex
- Continue follow up in pediatrics
- R/A 3 months

P.T.  
 Exp. demerol  
 4hr  
 11/3/24.

  
 Dr. Janki  
 SENIOR RESIDENT  
 DEPT. OF PHYSICAL MEDICINE & REHABILITATION  
 31. M.I. S.S., 1st Floor, JAIIMS NEW DELHI-29  
 DMC REG. NO. JCR/124



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

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



शरीरमाद्य खनु धर्मसाधनम्

OPR-6

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

न०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 107370067

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Ankush Yadav		M	8y	Nepal

निदान/Diagnosis

DMD

दिनांक/Date

07/05/2024

प्र-

C/c

उपचार/Treatment

- fall while walking
- needs support to get up.

Intervention -

- Stretching of foot
- Ankle movements (पंजे चलाने हैं)
- Knee strengthening (dynamic) (छुटना सीधा करना है)
- कमर उठाना है)
- लंबी साँस लेनी है।
- पैर के बल लेटना है (30 min)
- ज्यादा थकना नहीं है।
- अपने काम खुद से करना है।
- Strengthening of U/L

Jaguti



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

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



meraaspatal.nhp.gov.in



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01126594585

EXT-110

DM-55/2024



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

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

OPR-6  
6 weeks after  
Report

शरीरमान रक्त शर्करा

डाल चिकित्सा विभाग

एकप  
विभा  
UHD: 107370007  
ABHA: 0  
Dept No.: 20240030006553

कमरा / Room

C-208  
Unit-II

Paediatric

मंगल, शुक्र,

08/03/2024

Queue: N10



Reporting: 10:14:28

रोगी संजीकृत सं/O.P.D. Regn. No.

P 40001

आयु Age	पता/Address

ANKUSH YADAV

SORADHASHYAM YADAV

0Y BM OD / M (पुरुष)  
Add: EAST CHAMPARAN, BIHAR, Pin:0, INDIA

### निदान/Diagnosis

### उपचार/Treatment

दिनांक/Date

IS-5/6  
~~CAFT~~ / LSCS / Birth wgt - 2.5 kg /  
 CIAB | No h/o New born  
 developed all milestones appropriate for  
 the Age.



Started walking @ 1.5 yrs of Age.  
 c/o frequent falls after since the child  
 Started walking, ~~accident~~, falls 30 min  
 after walking. not w/ Nausea, dizziness,  
 vertigo, gets up himself immediately.  
 H/o trauma after falls.  
 c/o difficulty in getting up from  
 squatting, sitting position since 2 yrs.  
 c/o difficulty in walking upstairs.  
 No c/o chest Pain / palpitation /  
 vertigo / seizures / visual disturbances /  
 hypersomnia / Autonomic dysfunction /  
 Respiratory complaints.

O/E  
 toe walking ⊕  
 Calc hyperostrophy ⊕  
 Atmarms joint.  
 lower's Sign ⊕

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)





# All India Institute of Medical Sciences

Genetics Unit, Department of Pediatrics, Ansari Nagar, New Delhi - 110029  
Tel: 011-26594585, 26593558 Fax: 011-26588663, 26588411

## Duchenne Muscular Dystrophy (DMD) Genetic Analysis report

Name: Ankush  
Age: 8 Years  
Sex: Male  
Address: East Champaran Bihar

UHID:107370007  
Lab No.: DM-55/2024  
Date of receipt of sample: 11-03-2024  
Type of Sample: EDTA Blood  
Quality of sample: Adequate

Reason for referral: Molecular analysis for DMD.

### Results:

Name	Type of sample	Tests Performed	Results
Ankush	Peripheral blood	Multiplex PCR of DMD gene	Deletion of exons 49 to 52 was identified

**Interpretation:** Molecular analysis of dystrophin gene (DMD) was carried out & deletion of exons 49 to 52 was identified which is consistent with the clinical suspicion of DMD in **Ankush** (DM-55/2024).

In addition exons 48 & 53 were also screened and found to be intact.

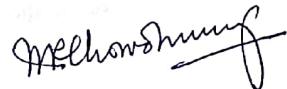
**Methods:** Multiplex PCR in 5 groups was done for the following exons in the dystrophin gene: 3,4,6,8,12,13,17,19,21,34,42,43,44,45,46,47,48,49,50,51,52,53,55,60 and promoter.

**Notes:** Although all precautions are taken during molecular genetic tests, the currently available data indicates that the technical error rate for all types of molecular DNA analysis is approximately 2%. It is important that the clinicians or individuals requesting molecular genetic diagnostic tests are aware of these data before acting upon these results. The results assume that all the patient information provided is correct.

TEST DONE BY:

  
Mrs. Sandeepa Chauhan  
Sr. Technical Officer

CHECKED BY:

  
Dr. Madhumita Roy Chowdhury  
Senior Scientist

REVIEWED AND AUTHORISED BY:

  
Dr. Madhulika Kabra  
Professor & Head



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029

Cardiothoracic & Neurosciences Centre, O.P.D.

AIIMS - New Delhi: 110029

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दिनांक/Date  
विभाग/Deptt.  
यू०एच०/ UHID No

CV 2024/014/0007090  
UHID: 107370007  
Date 13/03/2024  
Name ANKUSH YADAV  
S/O RADHASHYAM YADAV  
Consultant Room 18  
MON, FRT  
Dr. SOURABH KUMAR GUPTA  
Cardiology  
Paed. Cardiology  
8Y 5D /M  
General

उम्र/ Age  
लिंग/ Sex

निदान/ Diagnosis

DMD

Outside echo sp myxomatous MV E trace MRJ  
trace TR

EKG: NSR, R in V, normal

CHR: (C) Qp. no cardiomegaly

Adv.

Echo

Sp with report

Continue FU  
in ped venue  
OPD

✓ Chgs

Please share your feedback to improve our hospital on the Website link: [meraaspataal.nhp.gov.in](http://meraaspataal.nhp.gov.in)





आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

UHID No:107370007

आपातकालीन नं.(Emergency No): 2024/030/0042975

दिनांक DATE: 08/05/2024

समय TIME: 02:33:55 AM

NON-MLC

नाम NAME: MR. ANKUSH YADAV

आयु AGE : 8 years 2 months

लिंग /SEX : M

S/O : RADHASHYAM YADAV

पता ADDRESS:

मकान संख्या H.NO:

EAST CHAMPARAN

गली / गुरुल्ला STREET/MOH:

शहर/ब्लॉक CITY/BLOCK:

पिन PIN:

0

राज्य STATE:

BIHAR

दूरभाष सं. PHONE NO:

7717525655

मोबाइल MOBILE NO:

7717525655

स्थान Location:

Paediatrics Emergency

Criticality: Red/ Yellow/ Green

द्वारा BROUGHT BY: Relative :

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

A Klclo DMD ↓ peds neurology followup  
 got PPSV injection on the Lt thigh on 7/5/24 @  
 1pm, following which the child developed  
 pain on the same site - gradually ↑ to a  
 point the child could not stand h was  
 bed bound

Presenting Complaints

Primary Assessment (ABCDE) : Assessment Pentagon

<p><b>Airway</b></p> <p>Open &amp; stable : Yes/No                  If No.....</p> <p><b>Breathing:</b> RR ...../min                  Efforts: Normal/Poor/increased</p> <p><b>Auscultation:</b>                  Air entry:                  Normal/poor/Differential</p> <p>Added sounds:                  None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air.... 96.1</p>	<p><b>Circulation</b></p> <p>HR...../min                  128</p> <p>CFT.....secs.                  42</p> <p>BP.....mmHg                  108/56</p> <p>Peripheral pulse: Poor/Good</p> <p>Central pulse: Poor/Good</p> <p>Skin temp: Warm/cool</p> <p>Others</p>	<p><b>Disability</b></p> <p>GCS.....                  15/15</p> <p>Pupil size...../min } BL                  Pupillary Reactions..... } RL</p> <p><b>Motor activity:</b>                  Normal &amp;                  Symmetrical/Asymmetrical/                  Posturing/Flaccidity/Seizure</p> <p>Blood Sugar.....mg/dl</p> <p><b>Exposure:</b>                  Temp.....                  Colour: Normal/pallor/cyanosis                  /mottled                  Any other skin lesions.....</p>
--	--	--

Diagnosis

on LE - swelling (+)  
 local rise in temperature (+) wt = 16  
 Extreme tenderness (+)  
 Imp - ? hematoma formation / ? compartment syndrome

→ sup PCM (250/5) 3ml  
 sos

→ USG - Lt thigh - to look for  
 hematoma  
 → Review after report

Dorajwala  
EMH

**विकिरण नैदानिक विभाग**  
अ० भा० आ० सं०, नई दिल्ली-११००२६  
**DEPARTMENT OF RADIODIAGNOSIS**  
**A.I.I.M.S., NEW DELHI - 110029**

**PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM**

Name : Ankursh Yadav Age/Sex : 8y/2m Ref. Deptt./Unit : Peds Date : 8/5/24

Indoor (Bed No.) / Outdoor / ~~Casualty~~

UHID No. :

LMP :

**Examination Required :**

10737 room 7

Clinical History and Examination :

USG Lt thigh to look for hematoma  
/ signs of compartment syndrome

**Clinical / Working Diagnosis :**

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :

(for IVU patients only) :

Signature of Referring Physician / Date :

[Signature]

**Consent :**

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : \_\_\_\_\_

Room No. : \_\_\_\_\_

Time Slot : 8:30    9:00    9:30    10:00    10:30    11:00    11:30    12:00    12:30

X- Ray No. :

Size / No. of Films

Date :

Kvp/mAS:

Sign. of Radiographer :

P.T.O.



**ECHOCARDIOGRAPHY REPORT**

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

आरोग्य सेवा केन्द्र  
एच.एच.टी. अस्पताल  
प्लीज डेलीवरी  
थिस रिपोर्ट को

NAME: Arjun Yadav AGE: ..... SEX: M/F DATE: .....  
ECHO NO: 1764 CV NO: ..... UHD NO: ..... C.R. No: .....  
HEIGHT: ..... cm WEIGHT: ..... Kg. BSA: ..... m<sup>2</sup> ref. Physician: .....

Referring Diagnosis: ..... Done by Dr: Arjun Checked by Dr: .....

Quality of Imaging: Pool/Adequate/Good

**MITRAL VALVE**  
Morphology: AML-Normal/Thickening/Calcification/Futter/Vegetation/Prolapse/SAM/Doming  
P/PL 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/Prolapse/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  
Velocity: ..... m/sec Pred. RSV-P-RAP+: ..... mmHg

**PULMONARY VALVE**  
Morphology: Normal/Atresia/Thickening/Doming/Vegetation

Doppler: Normal/Abnormal  
Pulmonary stenosis Present/Absent Level Pulmonary annulus: ..... mm  
PSSG: ..... mmHg

Pulmonary regurgitation Present/Absent  
Early diastolic gradient: ..... mmHg End Diastolic gradient: ..... mmHg

**AORTIC VALVE**  
Morphology: Normal/Thickening/Calcification/Restricted Opening/Futter/Vegetation

Doppler: Normal/Abnormal  
Aortic stenosis Present/Absent Level Aortic annulus: ..... mm  
PS: ..... mmHg

Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

**Measurements**  
Aorta - 14  
LV es - 24  
IVS ed - 7  
RV ed  
EF - 60-65%  
IVS Motion  
IAS - inward

**CHAMBERS**

LV  
LA  
RA  
RV

**PERICARDIUM**

**REMARKS**

**TEE**

**DIAGNOSIS**

**Final Impression**

Normal Values	Normal Values
(21-22 mm/m <sup>2</sup> )	(21-22 mm/m <sup>2</sup> )
(16-19 mm/m <sup>2</sup> )	(19-32 mm/m <sup>2</sup> )
(06-10 mm)	(07-11mm)
(4-14 mm/m <sup>2</sup> )	RV Anterior Wall (Up to 5mm)
(62-80%)	

Normal/Enlarged/Clear/Thrombus/Hypertrophy  
Contraction  
Normal/Reduced  
Normal/Enlarged/Clear/Thrombus  
Normal/Enlarged/Clear/Thrombus  
Normal/Enlarged/Clear/Thrombus

Normal/Thickened/Calcification/Effusion.  
SS, LC, AV-VT Concordant, P/RAA, Normal System

Normal. bi-ventricular  
normal valves  
normal valves

no PE/vef def

Double out, no ISO P/SD P/RAA

Normal Study

*[Signature]*  
Resident

Consultant





नेपाल सरकार

जाणकारी नं: ००९८

गृह मन्त्रालय

जिल्ला प्रशासन कार्यालय, रौतहट

नेपाली नागरिकताको प्रमाणपत्र

ना.प्र.नं.: ३२ १००१  
१८५८

नाम, थर : शब्दी श्याम शम्भु

लिङ्ग : पुरुष

जन्मस्थान : गौर-६

स्थायी बासस्थान : जिल्ला रौतहट

गा वि : बु.म.न.पा. गौर

वडा नं. ६

जन्ममिति : साल २०५० महिना ०२

गते ४

बाबुको नामथर : पासपत शम्भु शायक

ठेगाना : गौर-६

नागरिकता नेपाली

आमाको नामथर : —

ठेगाना : —

नागरिकता —

पति/पत्नीको नामथर : —

ठेगाना : —

नागरिकता —





Government of Nepal has issued this Citizenship Certificate with following details:

Citizenship Certificate No. 321001-1858

Full Name (in block): RADHESHYAM RAY Sex: M.

Date Of Birth (AD) : Year 1993 Month 05 Day 17

Birth Place (in block) : LAHUR

Permanent Address (in block): District RAUTAHAT

VDC/Municipality/Sub/Metropolis LAHUR Ward No. 6

नेपाल नागरिकता ऐन, २०६३ बमोजिम यो नागरिकताको प्रमाणपत्र दिइएको छ ।

प्रमाणपत्र पाउनेको दस्तखत: [Signature] नागरिकताको किसिम वैशज  
औंठाको छाप [Stamp] प्रमाणपत्र दिने अधिकारीको [Signature]

(दायाँ)	(बायाँ)
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र
नेपाली नागरिकताको प्रमाण-पत्र	नेपाली नागरिकताको प्रमाण-पत्र

दस्तखत: [Signature]  
नाम थर: वासुदेव शर्मा

दर्जा: [Signature]  
मिति: २०६६/०५/१० गते

यो प्रमाणपत्र कसैले फेला पार्न भएमा नजिकको जिल्ला प्रशासन कार्यालय वा प्रहरी कार्यालयमा बफाइदिनहोला ।



