



## Asha Kiran Health Care Society- Case Detail

### REQUIRED URGENT HELP FOR A (VAISHNAVI) SUFFERING FROM HOLE IN HEART

Dear Donor,

Please find below an urgent case of 3 Months Old (VAISHNAVI) Who is struggling with his life at All INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New Delhi, having a life threatening disease (HOLE IN HEART).

The Child is a 3 Months Old. His father's name is VIKASH VERMA. VAISHNAVI was shown in hospital.

He is suffering from HOLE IN HEART.

Child OPD CR NO – 0034254 Department – CARDIOLOGY DEPARTMENT .

Father Occupation...Labour Per Day income - RS 150.

Village – JHANSI, UP.

Treatment Continue BY Dr. Sourabh Kumar Gupta.

Estimated Treatment Cost : RS. 57,000 and 4 unit blood only.

In last 2 month they have spent every single penny for the treatment. They are literally on road. There is no surety of tomorrow for 2 times meal for the family.

Asha Kiran Health Care has taken the responsibility to provide financial help for their and lodging of the family till the end of treatment of baby.

Your contribution will definitely make you feel proud that you are saving the life of child as well as family's , lets join our hands for this responsible cause as together we can.





DEPARTMENT OF CARDIOLOGY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
C. N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Dated: 07/12/18

CV: 2018-0604254

UHD: 16412087

Date: 07/12/18

Name: VAISHNAVI

DOB: 09/06/1982

Consultant: Dr

Address: H-501 VILL KHUDA PURA PO SADAR DISTT JHARKH

UP: UTTAR PRADESH INDIA



Cardiology  
CTVS: 168872046

FE

MON WED FRI

IN 1000

Name

Age

Nature of Disease ACHD ↑BP. Large PM VSD. ASD. NC CR.

Nature of Surgery required VSD closure

Amount required for Surgery ₹ 51,000/- + 6B Blood

The above mentioned amount must be deposited in advance by bank draft in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/GOVT. Undertaking beneficiaries.

(CONSULTANT / SENIOR RESIDENT)

For Prof. Dr. Chandan

**GENERAL INFORMATION**

1. Name of the person: \_\_\_\_\_  
 2. Address: \_\_\_\_\_  
 3. City: \_\_\_\_\_  
 4. State: \_\_\_\_\_  
 5. Zip: \_\_\_\_\_  
 6. Telephone: \_\_\_\_\_  
 7. Date of birth: \_\_\_\_\_  
 8. Sex: \_\_\_\_\_  
 9. Marital status: \_\_\_\_\_  
 10. Occupation: \_\_\_\_\_  
 11. Education: \_\_\_\_\_  
 12. Religion: \_\_\_\_\_  
 13. Race: \_\_\_\_\_  
 14. Ethnicity: \_\_\_\_\_  
 15. Other: \_\_\_\_\_

16. Signature: \_\_\_\_\_  
 17. Date: \_\_\_\_\_  
 18. Printed name: \_\_\_\_\_  
 19. Title: \_\_\_\_\_  
 20. Organization: \_\_\_\_\_

**GENERAL INFORMATION**

1. Name of the person: \_\_\_\_\_  
 2. Address: \_\_\_\_\_  
 3. City: \_\_\_\_\_  
 4. State: \_\_\_\_\_  
 5. Zip: \_\_\_\_\_  
 6. Telephone: \_\_\_\_\_  
 7. Date of birth: \_\_\_\_\_  
 8. Sex: \_\_\_\_\_  
 9. Marital status: \_\_\_\_\_  
 10. Occupation: \_\_\_\_\_  
 11. Education: \_\_\_\_\_  
 12. Religion: \_\_\_\_\_  
 13. Race: \_\_\_\_\_  
 14. Ethnicity: \_\_\_\_\_  
 15. Other: \_\_\_\_\_

16. Signature: \_\_\_\_\_  
 17. Date: \_\_\_\_\_  
 18. Printed name: \_\_\_\_\_  
 19. Title: \_\_\_\_\_  
 20. Organization: \_\_\_\_\_

17/12/18  
17/12/18

Anil for detex UETS (for 5 days)

CV 2018/01/0034254  
Cardiology  
CTVS (100677/2018)

Date 07/12/2018 MON, WED, FRI  
34 150 19

Name VAISHNAVI  
D/O VIKAS VERMA

Phone No. 9935758788  
Consultant Room 20 Dr. S K CHOUDHARY

SR Room  
CTVS-100977

710300  
26/11/18

J.P.D.

दिनांक  
Date

CV 2018/01/0034254

UHIID: 104132687

Date 19/11/2018 MON, FRI

Name VAISHNAVI

D/O VIKAS VERMA

Phone No. 9935758788

Consultant Room 18

SR Room 14

Cardiology  
Paed. Cardiology

3M / F

Dr. SOURABH  
KUMAR GUPTA  
DR. SAKSHI

MBC-201115195 104132687

CHC-201118218 104132687

VAISHNAVI

विभाग  
Deptt.

बंरोविंसो  
O.P.D. No.

निदान  
Diagnosis

AeHD, ↑ QP, Large perimembr VSD.

Adv

- 1) CBC
- 2) RFT/LFT
- 3) CR
- 4) Echo

Rx

- 1) ~~ADHP~~ Anuped 0.4 ml BD (10mg/1ml)
- 2) Tenofenon drops - 5 drops BD
- 3) ~~ADHP~~ Sumup 1 ml OD
- 4) ORS - 40 ml after every loose stool.

19/11/18

Nishu  
19/11/18

दिनांक  
Date

Hb 12.5 gm%  
Echo - large PMLD  
SER. PHT.

~~1-18 (22)  
26/11/18~~

needs review echo.



~~26/11/18~~

large PMLD  
SER. PHT  
LNVO ⊕

④  
MLO pls. see  
wants help.

plan surgical closure

explained to the relative - father

~~1-18 (23)  
27/12/18~~

Δ. - ACHD ↑ BP - large PMLD. Adv.

M.D. LNVO.

CPD/Dr Prof. Sekhondhary  
for VSD closure.

Refd to (TVS) (37) ✓

Estimate ₹ 57,000/- + 4000/-

~~27/12/18~~

Blood grouping

R/v ⊖ formalities

~~07/12/18~~

7/12/18  
Patient can be  
accommodated if patient tells  
date before 11 yr &  
her age. ✓

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

सुख विद्यालय/आर० रोड/नयी दिल्ली  
CARDIOLOGY/CIVS DEPT.  
सोमवार/बुधवार/शुक्रवार  
Monday/Wednesday/Fri  
दोपहर १०-१२ बजे

अ० भा० आ० सं०, नई दिल्ली - 110029  
Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

दिनांक

Date

09/01 - 10/09/77

विभाग

Deptt.

CARDIO

नाम

Name

VAISHNAVI

उम्र

Age

3/12

ब०रो०वि०सं०

O.P.D. No.

34254

पुत्र/पुत्री/पत्नी

S/D/W

लिंग

Sex

F

विदान

Diagnosis

U1101-104132687

R20-106  
17/10/77

Op/w by SK Choudhary

Pt reg to by. Rajshahi sr

At  
Dr. Anil  
07/10/77

P-20  
26/10/77



DONOR Applicant Reg No: 31889/2018 Applicant : Mr. VIKASH DOB : 17/12/2018 Patient: VAISHNAVI Department : Cardiology UBOD: 02/76/0/7905	ग्रुप ( रू. बी. ग्रु. ) आर. एम. गीटा GROUP (ABO) Rh Type TYPE OF DONATION डॉक्टर/अभिज्ञान के हस्ताक्षर/ Signature of M.O.
20745/2018  DOC:17/12/2018 DOE:28/01/2019	
( यह कार्ड तब ही उपयोगकर्ता को लेना चाहिए जब रक्त मांगने की आवश्यकता हो ) (Present this card when blood is required)	

DONOR Applicant Reg No: 20134/2018 Applicant : Mr. ANIL KUMAR DOB : 26/12/2018 Patient: VAISHNAVI Department : Cardiology UBOD: 02/76/0/7905	ग्रुप ( रू. बी. ग्रु. ) आर. एम. गीटा GROUP (ABO) Rh Type TYPE OF DONATION डॉक्टर/अभिज्ञान के हस्ताक्षर/ Signature of M.O.
21190/2018  DOC:26/12/2018 DOE:06/02/2019	
( यह कार्ड तब ही उपयोगकर्ता को लेना चाहिए जब रक्त मांगने की आवश्यकता हो ) (Present this card when blood is required)	

DONOR Applicant Reg No:32346/2018 Applicant : Mr. JASJID KHAN DOB : 28/12/2018 Patient: VAISHNAVI Department : Cardiology UBOD: 02/76/0/7905	ग्रुप ( रू. बी. ग्रु. ) आर. एम. गीटा GROUP (ABO) Rh Type TYPE OF DONATION डॉक्टर/अभिज्ञान के हस्ताक्षर/ Signature of M.O.
21195/2018  DOC:26/12/2018 DOE:06/02/2019	
( यह कार्ड तब ही उपयोगकर्ता को लेना चाहिए जब रक्त मांगने की आवश्यकता हो ) (Present this card when blood is required)	





973

1. Introduction  
2. Methodology  
3. Results  
4. Discussion  
5. Conclusion

1. Introduction  
2. Methodology  
3. Results  
4. Discussion  
5. Conclusion

INVESTIGATIONS

Date E.C.G. (Mention Rhythm, Rate, P in VI, QRS duration, R/S in V<sub>1</sub>, V<sub>2</sub>, V<sub>3</sub>, V<sub>4</sub>, QTC, pathological Q, ST, T change and arrhythmias)

E.C.G. - 19/11/18 Normal axis  
Sinn rhythm LV dominance

<sup>outside</sup>  
E.C.G. - 11/10/2018  
Sinn rhythm  
Intact TAs  
large pericard. VSD (lt to rt shunt)  
S LV/RV = 20 mm Hg.

X-rays

CXR: Cardiomegaly +  
pulm. plethora +

Blood Test

Date

H

TLC

DLT

E.S.R.

Sugar (F)

(PP)

Urea

Creatinine

Cholesterol

LDL

HDL

VLDL

Triglycerides

62

C.N CENTER  
DEPARTMENT OF LABORATORY MEDICINE

24

DHC-201110210-104132687



अखिल भारतीय 3  
All India Institute of

VAISHNAVI

नई दिल्ली, 110029

Ansari Nagar, New Delhi-110029

REGD. No

Date

Diagnosis & Clinical Note

For Lab. Use Only

Lab Ref. No

CV 2018/0034254

UHID: 104132687

Date 10/11/2018

Name VAISHNAVI

D/O VIKAS VERMA

Phone No. 9935755768

Consultant Room 18

SR Room 12

Name of Medical Officer

DR. SOURABH KUMAR GUPTA

19/11/18

Cardiology  
Paed. Cardiology

3M IF

Sex

BED No

LFT / RFT

Time of

Specimen Collection

Time of Receiving Specimen

INCOMPLETE FORM WILL NOT BE ACCEPTED  
Patient to Report Fasting

# ECHOCARDIOGRAPHY REPORT

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

NAME Vaishnavi AGE 27 SEX MF DATE 19/12/18  
ECHO No. 30862/10 CV No. 31854/18 UHID No. 104/22687 C.R. No. \_\_\_\_\_  
HEIGHT cm WEIGHT kg BSA m<sup>2</sup> Ref. Physician Dr. SR Chandra  
Referring Diagnosis \_\_\_\_\_  
Quality of Imaging Pool/Adequate/Good Done by Dr. Nitin Checked by Dr. \_\_\_\_\_

## 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 Atrialis/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 Atrialis/Thickening/Doming/Vegetation  
Doppler Normal / Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG \_\_\_\_\_ 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 \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

Echocardiography report (continued...2)

Measurements	Normal Values		Normal Values
Aorta	(21-22mm/m <sup>2</sup> )	LA es	(21-22 mm/m <sup>2</sup> )
LV es	(16-19mm/m <sup>2</sup> )	LV ed	(19-32 mm/m <sup>2</sup> )
IVS ed	(06-10mm)	PWLVjct	(07-11mm)
RV ed	(4-14mm/m <sup>2</sup> )	RV Anterior wall	(upto 5mm)
EF	(62-80%)		
IVS Motion	Normal/Flat/Paradoxical		
IAS			

+2SD  
LA 17.8  
LV 27  
17/25.4

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

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

REMARKS

SI, LL, NREGA. IP v to LA @ Postic arch  
PWA - 1, 2 Confluent LA.

TEE

Large PM - v CD ~10mm. mid flar (Post. LA)  
non restrictive, Sp-6mm

DIAGNOSIS

No PS  
No LVVO  
No AIO, PDA, LA

Final Impression

(N) Br P

ACTD, 1 Qp, Non-restrictive PM - v CD, (N) Br P  
No LVVO

Resident

Consultant



17/12/18 Ans) by doctor west (to change)  
 17/12/18 Recv. **CV 2018/0034254** ↓ **10.1** Cardiology  
 Date: 19/11/2018 MON, 10:56 AM  
 Name: **VAISHNAVI** 26-192-9  
 DO: **VIKAS VERMA**  
 Phone No. 9935758748  
 Consultant Room: 20  
 SR Room

7/10/2018  
 9  
 8/11/18

CTV 5-100977

J.P.D.

विनायक  
 Date  
 विभाग  
 Deptt.  
 पंजीकृत  
 O.P.D. No.

CV 2018/0034254  
 UHID: 104132087  
 Date: 19/11/2018 MON, PM  
 Name: **VAISHNAVI**  
 DO: **VIKAS VERMA**  
 Phone No. 9935758748  
 Consultant Room: 18

Cardiology  
 Paed. Cardiology  
 381/F

HBC-201118195 184132087  
 CHC-201118218 184132087  
 VAISHNAVI

SR Room: 14  
 निदान  
 Diagnosis

Dr. SOURABH  
 KUMAR GUPTA  
 DR. SAKSHI

26/11/18 120

AChD, 1 OP, Large pleuriment VSD.

15

Adv

- 1) CBC
- 2) RFT/LFT
- 3) ECR
- 4) Echo

Rx

- 1) ~~100mg~~ **10mg** Furosed 0.4 ml BD  
(10mg/1ml)
- 2) **10 drops** Tonofuran drops - 5 drops  
BD
- 3) **1 ml** Sumip 1 ml OD
- 4) **40 ml** ORS - 40 ml after loose stool  
even

19/11/18

Nisha  
 19/11/18