



PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	Aditya
FATHER NAME:	Vijay Kumar Yadav
DATE OF BIRTH / AGE:	6 Years
SEX:	Male
ADDRESS:	Najafgarh , South West Delhi, Delhi-110043
DISEASE:	Pulmonary Valve Balloon Dilatation(PVBD)/Heart Surgery
HOSPITAL	AIIMS
DEPARTMENT	Cardiology
SURGERY	Pulmonary Valve Balloon Dilatation(PVBD)
TREATMENT COST	Rs. 45,000/-

For CANCER CARE TRUST

Authorized Signatory

Authorized Sign

Vijay

Parent's Sign

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic Transplantation Centre O.P.D.

A. W-32704/18

दिनांक/Date	Dept. Reg. No. 0032704 / 18	Reg. Date-09/06/2023
विभाग Deptt.	Deptt. CARDIOLOGY SSK	Clinic No.
यू०एच०आई०डी०सं० UHID No.	Name Mr. ADITYA /O- VIJAY KUMAR YADAV	UHID-104105445 DOB 17/06/2018 (M/5Y) Room 21
	Address RZ-52, J-BLOCK DHARAMPURA, DELHI, INDIA	

निदान
Diagnosis

31/5/23

S. valvular PS. P/P/USG - 2018, Dec., ASD @
(Pulmon II & 33)
Judicial - 68 → 40 (24 at surgical valve)

Now - S. PS (Size 118) / 9mm OS - ASD
Asymptomatic

- ① Rx - exercise for ASD
- ② FCG work
- ③ Dental hygiene

ASD / ASD - (24)

Senior Resident / Senior Resident
हृदय विज्ञान विभाग / Deptt. of Cardiology
हृदय तंत्रिका केन्द्र, अ.भा.आ.सं., नई दिल्ली
C.N. Centre, A.I.I.M.S. New Delhi

Rama.Sr

दिनांक
Date

Ass to Ps

Pl/Pro

R.21 (12)

9/6/23

PR

Tab Cipran 10mg 1 B

2 Bmor

9/10/23

Need Pro

(Mod Ass 6)

Rs 45,000

Atms Angi surty 1 B

R.21 (13)

29/12/23

R.21 (22)

26/2/24

20/1/24

29/4/24

4m Hall

Cancer Care Trust

ECHOCARDIOGRAPHY REPORT

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

NAME..... Aditya AGE 4y 15d SEX M/F DATE 22/7/2022
 ECHO No. 16340/2022 CV No. UHID No. 104105445 C.R. No.
 HEIGHT.....cm WEIGHT.....kg. BSA.....m² Ref. Physician..... J. A. Saxe

Referring Diagnosis
 Quality of Imaging Poor/Adequate/Good Done by Dr. Manu 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.....cm²
 Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

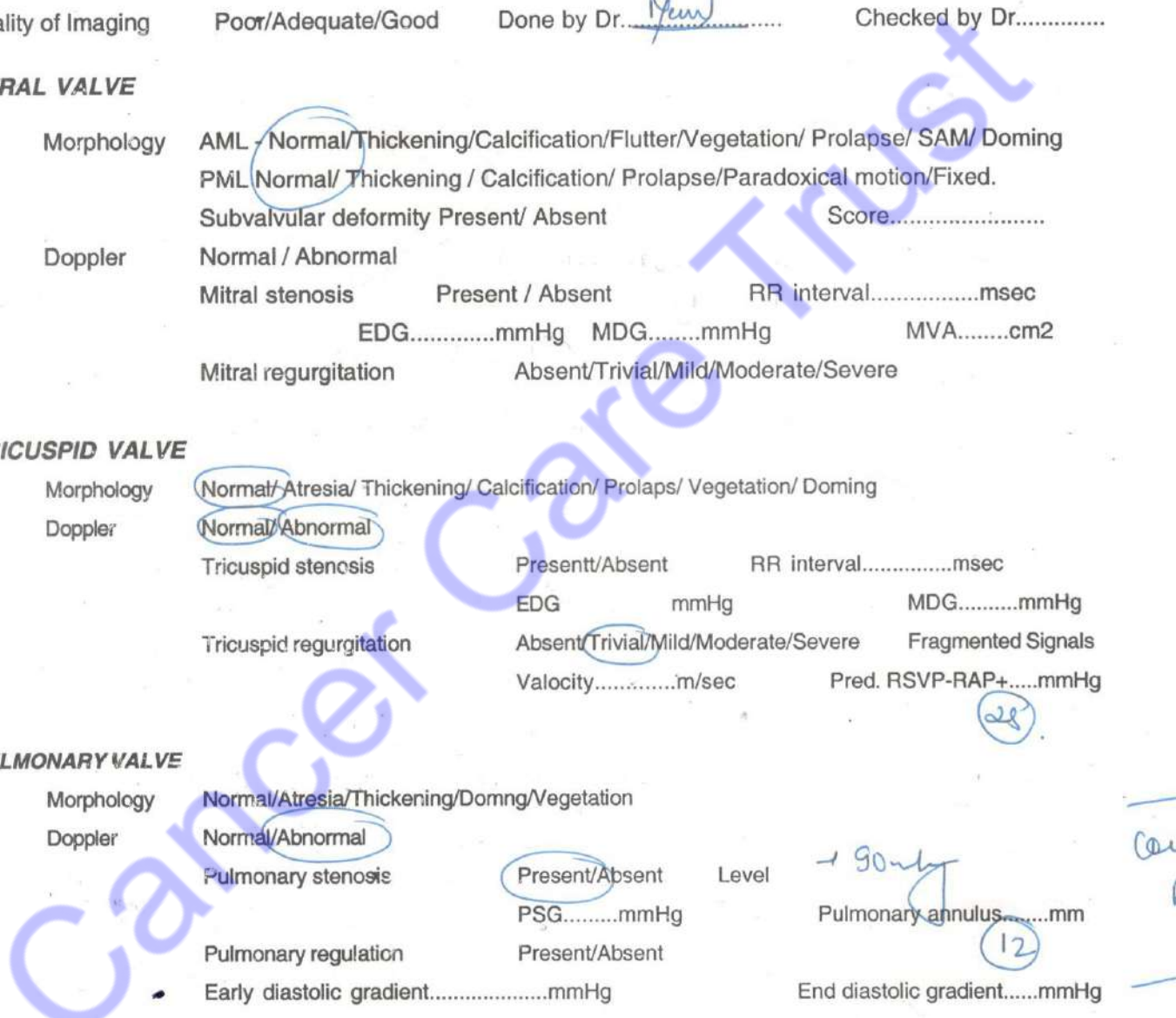
Morphology Normal/Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming
 Doppler Normal/Abnormal
 Tricuspid stenosis Present/Absent RR interval.....msec
 EDG mmHg MDG.....mmHg
 Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity.....m/sec Pred. RSVP-RAP+.....mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Domng/Vegetation
 Doppler Normal/Abnormal
 Pulmonary stenosis Present/Absent Level → 90° only
 PSG.....mmHg Pulmonary annulus.....mm
 Pulmonary regulation Present/Absent 12
 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.....mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe



—
 Cav
 k
 —

Measurements

Aorta 11
 LV es 20.
 IVS ed 6.
 RV ed
 EF 760%
 IVS Motion
 IAS

Normal Values

(21-22mm/m²)
 (16-19mm/m²)
 (06-10mm)
 (4-14mm/m²)
 (62-80%)
 Normal/Flat/Paradoxical

Normal Values

LA es 14. (21-22 mm/m²)
 LV ed 30 (19-32 mm/m²)
 PW(LV)ed 6 (07-11mm)
 RV Anterior wall (upto 5mm)

ASD ~ 8-9 mm
 L → R shunt

partly flow related

PS ~ 40 mmHg
 PV annulus ~ 9.8-10 mm
 downy (+)

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

plan -
 PVBD when indicated

PERICARDIUM

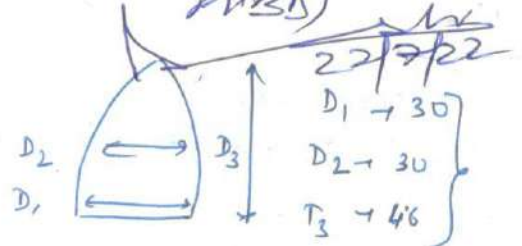
Normal/Thickened/Calcification/Effusion.

(ASD may ↑ in size after PVBD)

REMARKS

P/PVBD

PS → 90 mmHg.
 Valvular RVOT (+)



RV junction (+)

TEE

ASD → OS - Study b/e predominantly at → Rt:

(N) RV junction

(N) LV junction

Normal aortic valves

(All rims adequate of ASD for Device closure)

DIAGNOSIS

Final Impression

AchD - PS - P/PVBD
 New Residual PS -
 OR ASD - (at → Rt study)

Resident

Consultant

(Secundio)

24/5/23.

Van
sawewo

PS - saw (seg), TT-clearance.
Friday, 2pm.

26/5/23

RA, RV dictated

① RV function

PV - doming

Severe PS [$\Delta_{max} = 118 \text{ mmHg}$]

ASD ⊕ [~ 9mm]

Bidirectional shunting, freedom L → R.

Other valves ⊕

② W function

After SA

2/6/23

Child clearance
Dr. Salarspa / Dr. Lame,
Monday 2pm

away

Severe PS A max fo-~~countle~~ ASx

(some component fever related)

ASD 9mm (Adequate rims)

② RV function

③ Cath + ~~RVSD~~ + ASD etc (after Lame's opinion)

Wed 2pm

6 more sat
L 6 hrs

15/12/2023

at
9:00

(62)

PS Δ 900

RAIR

Med Ass

⊕ Rms (12/14 B-10)

Ass 1 etc

Antim

Cancer Care Trust



शरीरमाद्यं खलु धर्मसाधनम्

**CARDIO - THORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029**

Date : 04/03/24

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती Aelitya
Age/ उम्र 6 Year Sex / लिंग male CV No. / CTVS No. / सीवी संख्या/सीटीवीएस संख्या 32704/18
UHID No. / यूएचआईडी संख्या 104105445

Nature of Disease / रोग का नाम PVBD

Nature of Surgery / Procedure required / सर्जरी/प्रक्रिया की आवश्यकता PVBD

Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट

Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क Rs. 45,000/- *forty five thousand*

The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in

favour of ^{CT} "AIIMS PATIENT'S ACCOUNT" / "AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT" *five thousand only*
(for CTVS Surgical Patients) (for Cardiology Patients)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

उपयुक्त राशि को नीचे दिये गए सम्बंधित पक्ष में बैंक ड्राफ्ट / इलेक्ट्रॉनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए ।

"एम्स सीटी पेशेंट अकाउंट"

(सी.टी.वी.एस. सर्जरी मरीजों के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"

(कार्डियोलॉजह मरीजों के लिए)

अनुमानित व्यय सीजीएचएस/ईएसआई/सरकार स्वायत्त संख्या और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा । यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्रोतों से वित्तीय सहायता मांगने के लिये भी लागू होगा ।

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वरिष्ठ रेजिडेंट / Senior Resident
हृदय विज्ञान विभाग / Dept. of Cardiology
हृदय तंत्रिका केन्द्र, अभा.आ.सं., नई दिल्ली
Centre, A. I. I. M. S., New Delhi

(Signature & Rubber Stamp of Consultant)

Dr. Ankush

A/c Payee



935662

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Date

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रुपये Rupees

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