





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



अस्पताल के अन्दर धूम्रपान न करें / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

माक कान गला विभाग
UHID: 107531380
Dept No: 20250090021859
अयोध / AYANSH

कमरा / Room
A-641
Queue / संख्या
F14
Unit-III, ENT,

OPR-6

S/O Awadesh kumar
1Y SM CD / M (पुरुष)
UTTAR PRADESH, INDIA

Follow Up Patient General Rs 0



Reporting: 08:00:50
11/09/2025

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

आयु
Age

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

Ch
Do- GDD T CHD T J D / PPH BTment (JGUG)
BERP - नोबल ऑडिओलॉजी
DAB - M. Refish.
Programs Completed
Chin Na Gullou id KEM
HMO (31)
• To continue hearing aid (31)
• Speech Therapy - Gullou
• RUGS FLU - 600/110
JGUG
TAKA T

शरीरमाद्यं खलु धर्मसाधनम्



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बहिरंग रोगी विभाग / Out Patient Department



UMID 107531380

Queue /
संख्या

C-210

HOSTED IN HOSPITAL PREMISES

F54

Unit-II Paediatric

OPR-6

Dept No: 20250030015672

NAME / AYANSH

S/O Awadesh kumar
14 AM 280 / M(58%)
UTTAR PRADESH INDIA

General Rs 0
Follow Up Patient

गोपनीय सं./O.P.D. Regn. No.



Reporting: 08/08/2025
08/08/2025

आयु
Age

पता/Address

रिपोर्ट/Diagnosis

दिनांक/Date

उपचार/Treatment

(8)

6-3/22
Vof : hyfloflasti Pts small PDP

2 BL hearing loss



Hearing aid trial planned

Referred for IQ/SG evaluation

215(B) THF

child psy cho logist for SG/DQ
evaluation

Genetic follow up for syndrome caus

Dr. SHUBHA S N
Senior Resident (PA)
Child Neurology Division
Department of Pediatrics

शरीरमात्रं ज्ञानं धारणाधनम्



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



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

एक/Unit
विभाग/Dept



UHID 107531360

Dept No: 20250030015672

अपराध / AYANSH

S/O Awadesh kumar
1Y 4M 28D / M (17/3/25)
UTTAR PRADESH, INDIA

Follow Up Patient

General Rs 0

Queue / संख्या
Unit-II: Paediatric

C-217
F66

OPR-6

PN 6 1252/25

पंजीकृत सं०/O.P.D. Regn. No.

राष्ट्र
190

पता/Address

Gr 1082/25
FNM UND



Reporting: 08/17/25
09/09/2025

निदान/Diagnosis

GDD / Microcephaly / CHD / Chr 17p12 duplication

दिनांक/Date

उपचार/Treatment

Mollin 2 weeks pregnant

2:14

As dent

6-2/25

Flup

GDD / Microcephaly & cyanotic CHD (post OP)
(long segment PA
large malaligned PMVSD)

WEE: Chr 17: g.C? -14206410) - (15555364-?) dup
1384 Kb Het duplication, likely pathogenic
17p12 duplication

Karyo - (2)

Unres:

- GDD - No neck holding.
- No w/o sy
- No monosyllables
- Hypotonia (+)
- Cardiac abn (+)
- eye abn (+) - (L)? PHPV, (R) pigment mottling (+).

BER - No wave
@ 70, 90 dB HL

MRI Brain -
o. HIE sequelae.

Clinical photos
face
Full hand. Feet

24/7
09/10/25

ਦਾਇਵ

अनुभाग व दिन
on and Day II
र व शनिवार II
lay & Saturday

कगरा नंबर
Cabin No.

ब० रो० वि० कार्ड

O.P.D. Card

UNID: 108412946

ABHA
 8/11/2024 8:08 AM
 Dept No 20250050073843

डा० र

अ. भा.

Dr. Ra

A.I.M

यू.एच.

UHID



AYANEM

Dr. Anupam Kumar

ST. AUGUSTINE / FLA.
EX. 100-40 / 100-40

19 10 40 / 10 42

GAUR MADH

General Re C

Nam **Patient**

पता
Address

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

Handwritten notes on a page, possibly a medical or scientific record, featuring a large vertical line and various annotations:

- Top left: "up" with a checkmark, "Normal Saline", "not follow", "Molm 40", "eye contact", "उपचार Treatment".
- Top right: "not drach", "drach", "e drach".
- Middle left: "Large Vsb", "abm", "Molm 40", "eye contact", "उपचार Treatment".
- Middle right: "not drach", "drach", "e drach".
- Bottom left: "Normal Saline", "Molm 40", "eye contact", "उपचार Treatment".
- Bottom right: "not drach", "drach", "e drach".

DEPARTMENT OF CARDIOTHORACIC AND VASCULAR SURGERY

AIIMS, ANSARI NAGAR, NEW DELHI-110029

DISCHARGE SUMMARY

107531360

Cardio

UNID NO.: 107531360
AGE: 31 YEARS - 11 months
BLOOD GROUP: A+VE
DATE OF ADMISSION: 23/3/2025

CR NO: C-055302-25
SEX: MALE
WEIGHT: 4.75 KG
DATE OF SURGERY: 1/4/2025

NAME: AYANSH
S/O: AMADESH KUMAR
DATE OF DISCHARGE: 20/4/25

ADDRESS: GAREHARA SINDHORA VARANASI, UP

FACULTY NAME: DR. PRADEEP R.

SENIOR RESIDENT: DR. ANJALI

DIAGNOSIS:

CCHD/DEC OP/LARGE MALALIGNED PM VSD/LONG SEGMENT PULMONARY ATRESIA/RESTVALVES NL/NL BV FN/EF
170%/NSR/CONFLUENT PA/PDA WITH LPA END STENOSIS/NO SIGNIFICANT APC.

ECHO: 12/5/24 DR. SE. GUPTA

RV-NL, TV-NL, PV: ATRESIA + AOV-NL, AORTIC ANNULUS: 14 MM

AO/LAES-15/17

LVES/IVSED-11/15

LVED-18 EF=70%

FWLVED: 5

IVS MOION FLAT, PFO, BD SHUNTING

ALL CHAMBERS: NL

PERICARDIUM: NL

SS-LC NL PVD NL SVD

AV-VA CC, NL AV VALVES

LARGE 10 MM MALALIGNED PERIMEMBRANOUS BD SHUNT VSD AO OVERRIDE 50%, BIVENTRICLE MILD HYPERTROPHY,

NL BIVENTRICLE FN, LONG SEGMENT PULMONARY ATRESIA, CONFLUENT SMALL PA, LPA: 2MM, RPA: 4 MM

3 MM PDA LEFT TO RIGHT FLOW UNDER OF ARCH CONFLUENCE

LT ARCH, NO COA, NO CLOT, VEG, PE

CTA FOR CHD

FINDINGS:

Patient Name: Baby Poonam

Patient ID: 5699920

Age / Sex: 11/04/2024 / M

Procedure: CR CT Cardiac- Pediatric

Exam Date: 30/05/2024

Reported By: Dr. Dr. Aprateem Mukherjee

CT ANGIOGRAPHY

FINDINGS

Abdominal situs: Solitus; Bronchial situs: Solitus; Atrial situs: Solitus; Cardiac position: Levocardia

Systemic Veins: Normal drainage

Pulmonary Veins: Normal drainage

Veno-atrial connections: Concordant

Atria: ASD +, Dilated PA.

Atrioventricular connections: Concordant.

Ventricles: Subaortic VSD with aortic override.

Ventriculo-arterial connections: Concordant.

Aorta: Left sided aortic arch with normal branching pattern.

Pulmonary artery: Pulmonary atresia. Confluent PAs.

RPA: 4.5mm; LPA: 4.3mm; DTA: 6.2 mm

PDA: Present with LPA end stenosis.

Coronaries: Arising from separate PA facing sinuses.

Lung parenchyma and mediastinum: Unremarkable.



अ. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
अस्पताल में प्रवेश प्रदान किया है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



बात चिकित्सा विभाग
UMID: 107531380
ABHA: 6112024@abha
Dept No: 20250030015672
NCTN / AYANBH
SO Aadesh Number
19/06/2025 / M1598
Dharmendra Singh's version...UTTAR
PRADESH
General Rs 0
New Patient

कमरा / Room
C-217
Queue / संख्या
N10
Unit-II, Pediatric

रिपोर्ट / Report
19/06/2025
Reporting: 07:56:32
19/06/2025

OPR-6

Genetic OPD.

जो. वि. पंजीकृत सं. / O.P.D. Regn. No.

पता / Address

G-1082/25 FNM UND

निदान / Diagnosis GDD & microcephaly & CCHD (post op)

दिनांक / Date

उपचार / Treatment

DOB - 11/4/2024.

Referred from ped's cardio.

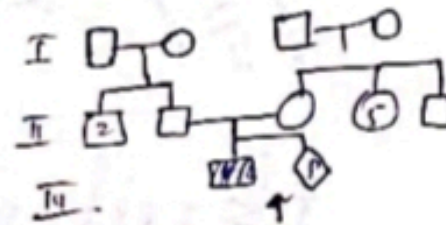
Intel developmental delay.

Post modified BT shunt & for - CCHD & BP physiology

214
4.7 kg
wt - 4.7 kg (-5.9)
ht - 62 cm (-6.5)
HC - 40.5 cm
(-4.69).

Birth
FT/MD 3.5 kg
Delay CIAB / no NEW stray

Family



Development

Gm - no neck holding.

Fm - palmar grasp.

Language - Cooing ⊕

social - No social smile

- No fixing & following

OE

→ Roving eye movement ⊕

- no fixing & following

- no 2° deviation yet

- no strabismus ⊕



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



बाल चिकित्सा विभाग
UMID: 107531380

कक्ष / Room
C-217
Queue / संख्या
F61
Unit-II, Paediatric.

PROHIBITED IN HOSPITAL PREMISES

OPR-6



Dept No: 20250030015672

अवस्था / AYANSH

S/O Awadesh kumar
1Y 5M 1D / MA (पुरुष)
UTTAR PRADESH INDIA

General Rs 0

Follow Up Patient

आगत शुक्र, Tues Fri (आगत, शुक्र)



Reporting: 08/31/27
12:08/2025

रोगी सं. पंजीकृत सं. / O.P.D. Regn. No.

आयु
Age

पता / Address

Gc 1082/25 FNM Chc.

निदान / Diagnosis

fituue Child 2 17/12 diag. - GDD
- HX SNHL

दिनांक / Date

उपचार / Treatment

CCMO (VSD, 1A, 1DA) mod.
S/P 3x (BT shunt)

29

FNT plan -> HA trial
?? CI

LH12092502226 107531360



AYANSH

Sent from PAC for clearance

no fresh issues

Have come 2 CCMs brain + inner ears

& kept for GRC disc.

(Provisional rep: S/A demyelination)

Mother is currently preg? POC: ~22 weeks

Details on mother's card.

LC1209253025 107531360



AYANSH

LC1209253025 107531360



AYANSH

ref for GRC disc.

cc rlv

Plv in cc 2 CCM, RFT, LFT, TFT, Vit D1 -> Smart lab (B1)

PRV, B12, folate

ब. रो. वि. कार्ड
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ. भा. आयु. सं., 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.



अनुभाग व दिन
Section and Day VI
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

आचार्य राधिका टंडन का एकक
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Ayansh				

दिनांक DATE	निदान DIAGNOSIS
28/8/22	Pl

उपचार Treatment

Case seen by Dr Prankh

(R) WNL

(L) Leucocoria

± PAS + post

? colobomatous synchysis

? PHPV

? RB

? Healed Unit

(L) granular excrescence

lt Repeat USG for Stalk.

2 A, 20mm

H/O FTNVD

3.5 kg

H/O NLU stay for under 100

(video given)
no stalk / calcification / mass lesion seen

Dr. Prankh

दिनांक - Date

उपचार - Treatment

(97) (1) VSC for CRT - 0.9mm
Q

(123) VEP <

(7) II Mica done registration to
evaluate for cause
of Muscles.

19/8/02
123 9:30A

MP E reports for
Dr Vimalu / Dr Nagesh
Opinion



Dr. Vimalu / Dr. Nagesh
Opinion

विकिरण नैदानिक विभाग
अ०भा०आ०सं०, नई दिल्ली-110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name : Ayansh Age / Sex : 1.2 yr / m Ref. Deptt. / Unit : Date : 13/6/25
Indoor (Bed No.) / Outdoor / Casualty : OPD No. / UHID No. : 10757160 LMP :
10757160

Examination Required :

Ultrasound Doppler (Arterial / Venous) Interventional Procedure
CT HRCT Dual Phase CT CT Angiography

Clinical History and Examination :

Uter Rul.

Clinical / Working Diagnosis : ? GAD & microcephaly & seizures.

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby given 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 :

16/11/26

BV-12

ECHOCARDIOGRAPHY REPORT

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

NAME Ajayash AGE 60 SEX MF DATE 11/6/25
ECHO NO 13187 CV NO. UHID NO 107831260 C.R. No.
HEIGHT cm WEIGHT Kg. BSA m² ref. Physician C.T.S

Referring Diagnosis

Quality of Imaging Poor/Adequate/Good Done by Dr. fuol 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. RSV-PAP+ mmHg

PULMONARY VALVE

Morphology Normal/Atresia/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/Rstricted 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

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

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

USD/TA/ P/ RMBTS - 2025
 - Patent RMBTS - A-20/5
 - confluent PAs - 5mm each
 - Large USD

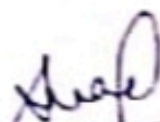
TEE

- No MR, trivial TR
 - (N) LV function

DIAGNOSIS

- No HAF/IE

Final impression


 Resident

Consultant

Adv:-

- Option of parents' CMA discussed
- Early stimulation.
- Fetal Echo → Red Cardio - Room 61 - CNS-URGENT
- ✓ Fetal MRI for Coarctation, Schizencephaly
- Counselled about variable expression and incomplete

persistence of chr 17q11.2 duplication & no inheritance explained
Option of prenatal testing - viability to ascertain phenotype
in fetus if variant identified - explained.
wants to discuss to get back by
Friday (12/9/15)

Mother,

- 2 wks now.
- Level II usg - (21/8/15) (N)
- Quad screen: LR.

Monica

Fetal
Echo

10/10/15

3pm

Cardiac Radiologist: Dr. Neera] Kumar / Dr. Aprateem Mukherjee

OPERATION: DATE: 01/4/2025

MIDLINE RIGHT MODIFIED BY SHUNT (4MM EPTFE GRAFT BETWEEN INNOMINATE ARTERY TO RPA)

OPERATIVE FINDINGS:

STERNUM NL- THYMUS DISSECTED- PERICARDIUM NL, B/L PLEURA INTACT- PERICARDIUM CLOSED TILL GREAT VESSELS- DRAIN - MEDIASTINAL DRAIN : PW : NIL
LPA MILD STENOSIS LESS THAN 50% AT SITE OF INSERTION OF PCA, LUMEN WAS VISIBLY MORE THAN 50%
HENCE LPA PLASTY WAS ABANDONED.

OPERATIVE NOTES:

MIDLINE STERNOTOMY- THYMIC FAT DISSECTED- INNOMINATE VEIN IDENTIFIED- HALF MIDLINE PERICARDIOTOMY- PERICARDIAL STAYS-AORTA AND MPA DISSECTED -MPA .LPA RPA LOOPED-INNOMINATE ARTERY AND RPA MARKED WITH STAYS FOR ANASTOMOSIS SITE- INNOMINATE ARTERY BASE CLAMPED - 4 MM EPTFE GRAFT TAKEN ALIGNED AND GRAFT ANASTOMOSED TO INNOMINATE ARTERY ,GRAFT DEAIRED AND CLAMPED - RPA CLAMPED AND RPA END OF THE GRAFT ANASTOMOSED - DEAIRING DONE -HEMOSTASIS ACHIEVED - DRAIN PLACED-ROUTINE STERNAL AND SKIN CLOSURE DONE.

POSTOPERATIVE COURSE :

2D ECHO (2/4/24): SHUNT FLOW :NL, BRANCH PA FLOW NOT CLEAR, GIVEN FN NL, NO PE/CLOT/VEG

DISCHARGE MEDICATIONS:

TO BE CONTINUED

TO BE STOPPED AFTER 5 DAYS

T. LANZOL 750mg OD

- 1) T. ESCOPARIN 25mg OD
- 2) T. ENVAS 0.15mg ID
- 3) SYR FURAPED 0.15mg BD OD
- 4) SYR VIT D3 1000 IU

INSTRUCTIONS:

- * FLUID RESTRICTION (NO FLUID RESTRICTION) IN 24 HOURS.
- * FOLLOW DIET RESTRICTIONS (STRICTLY AVOID MILK BASED FEEDS)
- * REPORT IMMEDIATELY IF: FEVER MORE THAN 2 DAYS, BLEEDING/ DISCHARGE FROM WOUND, DECREASED URINE OUTPUT, WORSENING OF SYMPTOMS, SHORTNESS OF BREATH, GIDDINESS, INTENSE HEADACHE, BLACKOUTS
- * VISIT OPD AT ONE WEEK, ONE MONTH, THREE MONTHS, SIX MONTHS, ONE YEAR AND YEARLY
- * FOLLOW UP IN CTVS OPD NO.3; ON MONDAY, WEDNESDAY, FRIDAY 2PM AFTER 7 DAYS WITH CXR, ECG, ECHO
- * IN CASE OF EMERGENCY PLEASE CONTACT THE NEAREST HOSPITAL/ AIIMS EMERGENCY

CONSULTANT: DR PRADEEP R.

Dr. Deepak Suresh Kumar
Sr. CTVS (MCH)
Dept of Cardiothoracic & Vascular Surgery
AIIMS, New Delhi-110029
Reg No. 115188

Deepak Suresh Kumar
(for Dr. Pradeep R.
Consultant CTVS)

GTIN 05037881105321

REF 736008



GTIN 05037881105369

REF 736016

16mm

60cm

BN 2003347284

LOT 25655385-6626



Manufactured by - VASCO
A TRULIP
BIOLOGICALS
PVT. LTD.
G-9109

Gelweave
Gelatin Impregnated
Woven Vascular Prostheses

दिनांक - Date

उपचार - Treatment

CTP-030725016 108412946



AYANSH

Adv

① No need a for steroids

② To consider for C cals x after VER

③ TORCH Profile

②7
Main build

(124) VER


जूनियर फेलो / Junior Resident
डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केन्द्र
Dr. R.P. Centre for Ophthalmic Sciences
मनमोहन अस्पताल, दिल्ली

22/8/25
123 9:30A

Past

- H/o Symptomatic CHD & Lvs & shock (resolved) - Dr of life.
- 2 H/o seizures during admission @ 2.5m of age. no further episodes.

2D Echo

- CCHD & R/L large malaligned pm VSD
- Long segment Pul Atresia
- ↓
- Rt modified BT shunt - 11/4/25.

Plan

- E & 2D USG KUB.
- Eye evaluation - fpe.
- Hearing evaluation -
- MRI Brain.
- To plan for further testing & reports.

} kindly give early appointments as mother is already pregnant.

Database

- GDD & microcephaly
- vision abnormality.
- CCHD
- FTT.

17/6/25

- Sedation will be given tomorrow morning @ 8am.
- ↓
- Kindly give appointment timing for tomorrow.

Dr. Ashwin Malladi
Dr. ASHWIN MALLADI
Senior Resident
Dept. of Medical Genetics
A&S Hospital, Bangalore

28 JUN 2025

② - Pandy
Diz
a. trigemini
catuit ②
P1P2
Mohi ②
Cron. ducti Pm)
giant
acini
villous ②

② Lens clear
No marks on

② Anterior PPM
absorbed lens
? worse regular / ? PFV regular

Adv ② Dr Pratik nam's opm for ① cataract

ब० रो० वि० कार्ड
O.P.D. Card

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029



नेत्र अंगुण कक्षा है
जो आप ही देख सकते हैं

अनुभाग व दिन
Section and Day **II**
बुधवार व शनिवार
Wednesday & Saturday

कमरा नंबर
Cabin No.

R. P. Centre (Eye Centre)

UCCID: 108411946
Dept. No.: 10250050073843
Clinic. No.: 1025 UC/456
AYANSH
S/O: Anandesh Kumar

Date: 03/07/2023

Uvea-Dr. SR/JM UC II-
R.20

Unit-II

Room No.: 20

Address: VILL GAUR MADHUKARSHANPUR, UTTAR PRADESH, INDIA
Mobile: 8240960185



PIRG

एकक

आयु
Age

पता
Address

DATE DIAGNOSIS

उपचार Treatment

cls/B De Rohan M Uvea June 10-2

BE Nystagmus ⊕

VA < follows light
Post ocular

AS < WNL
B ⊕ 2 partially absorbed cataract

USG ⊕ - grey, anechoic

① No Feline Uveitis

② Sheathing of a vessel along sup^r arcade
dec Macula ⊕



DEPARTMENT OF RADIO-DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Patient Name: AYANSH

Sex: M

Age: 1Y

UHID: 107531360

Report State: Provisional

OPD / Ward:

EXAMINATION DESCRIPTION:

PERFORMED ON: 2025-07-02 CR No:

Report:-

MRI BRAIN

Clinical details:

C/O global developmental delay with microcephaly and cyanotic CHD.

Normal vaginal delivery/ cried at birth/ No oxygen required/ developed cyanosis on 6th day.

Protocol:

Axial: T1, T2, FLAIR, DWI, SWI, T1 IR

Sag: T2

Cor: T2

Findings:

Diffuse cerebral atrophy is seen with delayed myelination and diffuse corpus callosal thinning.

Rest of the cerebral hemispheres show normal signal intensity and gray-white mater differentiation.

Both lateral ventricles and third ventricle is normal in size.

Brainstem and cerebellar hemispheres are showing normal MR morphology, signal intensity and outline.

Fourth ventricle is normal in size and midline in position.

Basal cisterns are normally visualized.

No midline shift is seen.

Sella is normal in size.

Impression:

Diffuse cerebral atrophy with delayed myelination and diffuse corpus callosal thinning. ? Hypoxic ischemic encephalopathy sequelae.

Report Status: Verified:Manjunath



भारत सरकार
Government of India



Aadhaar no. issued: 12/11/2014



कु पूनम कुमारी
Km Poonam Kumari
जन्म तिथि/DOB: 15/04/1997
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।

इसका उपयोग पहचान, जनसंख्या प्रमाणिकता, या क्यूआर कोड/
ऑफलाइन XML प्रमाणिकता के लिए किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

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मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

D/O: पन्ना लाल, गड़खरा, गरखरा, गड़खड़ा, वाराणसी,
उत्तर प्रदेश - 221208

Address:

D/O: Panna Lal, garakhara, Garkhara, PO:
Garkhara, DIST: Varanasi,
Uttar Pradesh - 221208

Details as on: 13/09/2024



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VID : 9140 8559 1041 2700



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