







ए.बी.वी.आई.एम.एस. एवं
डॉ. राम मनोहर लोहिया अस्पताल
(विकिरण विभाग)

A.B.V.I.M.S. &
DR. RAM MANOHAR LOHIA HOSPITAL
(Department of Radiology)

एकसरे/अल्ट्रासाउंड की जांच के लिए मांग-पत्र
X-RAY/ULTRASOUND REQUISITION

यूनिट का नाम
Name of Unit
रोगी का नाम
Name of Patient
कैन्सर्स/योजना कार्ड सं.
C.G.H.S. Card No.

Lawistka

संक्षिप्त वैद्यकिक टिप्पणी
Brief Clinical Notes

अवशेषित जांच
Examination Required
अन्यथा निदान
Provisional Diagnosis

D = CCHD & Acute stroke

तारीख
Date 19/3/2024
आयु/लिंग
Age/Sex 24yr Female
वार्ड/ऑपेरेटिव
Ward/O.P.D. F1

रिपोर्ट सं.
Report No.

भेजने वाले डॉ. का नाम
Referred by
Dr. Sakshi RPA: 6-8

आयु/लिंग
Age/Sex

Large hole VSD (R→L)

200% DORV

दिनांक
Date

बिस्तर सं.
Bed No.

Plan

- univentricular
Pulication
- cath. physiology
- B-Blocker/Dron

विकिरण विभाग के द्वारा
Signature of Radiologist

CCHD & 18p / stills / Anomalous
Ventricular / DORV & VSD & PS

एकसरे/अल्ट्रासाउंड रिपोर्ट
X-RAY/ULTRASOUND REPORT

Dr. Sakshi RPA

AV - conc / DORV

(N) systemic veins
LSC (F) / NO RVC

12mm os ASD (R→L)

L - unopposed great arteries
VSD NOT suitable to Acute
severe PS (PQ ~ 56 mmHg)
underestimated

confluent branch PAs
Right Aortic arch
No cor / NO PDA
(N) biventricular function

विकिरण विभाग के द्वारा
Signature of Radiologist

CCHD & 18p / stills / Anomalous
Ventricular / DORV & VSD & PS

NAME OF PATIENT
WARD/UNIT
TIME
Temp (°F)
P (°F)
R (°F)

Atal Bihari

Lavishka/Ry/Gim/ECs 3rd L/P.A/19865

ASis - DORV $\bar{c}$ VSD $\bar{c}$ PS $\bar{c}$ Situs Inversus.
Right Hemiparesis with Motor Aphasia.
Acute CVA - Embolic phenomenon.

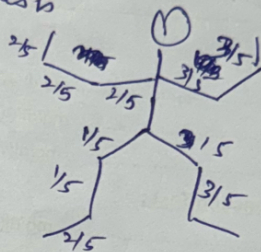
H/- Aphasia $\bar{c}$ Hemiparesis

PT - 20.35.
NR - 1.92
APTT - 30.6
D-Dimer - 851.

Plomtan $\uparrow$ / $\downarrow$
DTR - $\frac{1+}{1+}$ / $\frac{2+}{2+}$

Motor Aphasia.
UMN Facial palsy $\oplus$
No papilledema.

On Enoxaparin - (D₄).
+ Aspirin



NCCT - tent $\bar{c}$ MCT
inf ant in left
Int. Capsule
Subacute parietal lobe
inf ant (R side)

Plom

Adv (9.40 kg)

T. Propranolol 10 mg BD.

T. Aspirin 25 mg - D - 12.5 mg

inj. Enoxaparin 10 mg BD.

Stop IVf.

Orally - allowed

Syp. Leveteracetam (100%) 1 ml BD.

Syp. Iron (30/5) - 5 ml OD.

Physiotherapy Ref.

~~Lab test~~
Rpt - PT/APTT/Fib/D-Dimer
on 27/3.

Vaikunth.

रोग सं. 000-11
R.M.L.H.-11

लगातार चार्ट / CONTINUATION CHART

नाम/Name Govshka 24/1 19365
कमरा/शय्या सं./Room/Bed No. _____

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

आहार/Diet

25/3/24

Asst:- DORV + USD + PS + Status Epilepticus
Rt hemiparesis + Motor Aphasia +
Acute CVA - Embolic phenomenon.

A/E

- Aphasia + Hemiparesis -

Plantar + ↓

DOR $\frac{H}{1+} \frac{24}{21}$

Motor aphasia

but focal palsy +

No papilloedema.

On Enoxaparin D6 + Aspirin

Adv (9.5h)

- Tab Dipyridamol 100mg - BD

- Tab Aspirin 25mg - 0 - 12.5g.

- Ij Enoxaparin 100mg BD

- orally allowed

- ~~Tab~~ ~~Aspirin~~ ~~100mg~~ ~~BD~~
- 800mg (30k) ~~0.1~~ - 0.2.

O/C

9C - 0h

800 - 30k, 1k

CVS - S₂ S₂ ⊕

S₄ ⊕

Pericardial knock

loud S₂

⊕ S₁

P/A

R/L

day

10

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

Plan

Physiotherapy CVR

PT/OT/ST/PT

D-Rm.

Vaikunth.

26/3/24

2 pm

C/S/B SR AMR/PC/PMR

thanks for referral
h/o noted.

Lavshka

2y/P

B-31

EC8

O/E

Sitting ⊕

Tone - flaccid

⊕ U/L

⊕ L/L

PROM - full

Power - fair

Rx

① PROM ex of ⊕ U/L
⊕ L/L

② Communication board/
chart

③ Activities to improve
sitting function

④ Facial exercises i
mirror, biofeedback

⑤ Review in PMR OPD
after discharge

⑥

Dr
26/3/24

...HOSPITAL...

Lauscha

 $2y) 1$

19365

PC 3rd floor

Bed no: 31

26/3/20

20,

Don't

Rep of me

12m 2 H

New Delhi.

Reported by / Mem.

The above mentioned pt. is also
 left handed & has hemiparesis & motor aphasia &
 Aud. C.V. - Entail phenomenon.

Enabli. phenomenon.

079

4th: 12th.

WS: S, S, ⑦ Sm ⑦

Ms
Ms Zine.

Planten 2/2
Dip

$$\begin{array}{r} 14 \overline{) 21} \\ 14 \quad \underline{) 21} \end{array}$$

Umn $\frac{1}{2} \times 2 +$
ful ply.

Dr

Aspin

Συνοψ.

Please kindly examine the pt and do nee'dd examine for
the pt for recovery.

msf

Thank you
your sincerely

By Nikola

play

202

if any
with

11/11

HIK

Maternity
Hospital, L.A.

五

100

लक



भारत सरकार/Government of India

स्ना.चि.शि.अ.सं.-डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
PGIMER-Dr. Ram Manohar Lohia Hospital, New Delhi-110001



छुट्टी/मृत्यु की रिपोर्ट : Discharge/Death Summary

Ph: 011-23404040/23365525

केन्द्रीय पंजीकरण संख्या CR No. 19365	विभाग/इकाई प्रभारी का नाम- Deptt/Name of HOU- Dr. Dinesh Kumar	वार्ड/रोगी कक्ष सं. Ward No. ELC 3rd floor
नाम Name Lavishka	आयु/लिंग Age/Sex 2y/Girl	एम.एल.सी. सं. MLC No.
सी.जी.एच.एस. सं. CGHS No.	भर्ती की तारीख Date of Admission 17/03/2024	छुट्टी/मृत्यु की तारीख एवं समय- Date & Time of Discharge/Death

छुट्टी/मृत्यु का निदान-

Diagnosis on Discharge of Case History **DORV & VSD & PS & Situs Inversus**

मामले का संक्षिप्त सारांश-

Brief Summary of Case History

Right Hemiparesis with LMN Facial Palsy with motor Aphasia

1. Inability to move Right side of body / x 1 day.
2. Deviation of angle of mouth to left / x 1 day.
3. Reduced verbal output x 1 day
4. Reduced play with peers / fatigue x 6 months.

No significant past history of spells / cyanosis / SRE cycles / feeding difficulties / No past thrombo embolic phenomenon. Development milestones achieved at appropriate age.

O/E (at admission)

G.C - 6th

HR - 134/min

RR - 32/min

SpO₂ 98% / 52%

51% / 54%

PS - NVT
No added sounds

Tone ↓ on R

BTR

1+	2+
1+	2+

CNS - Word o/p ↓

Comprehension (N)

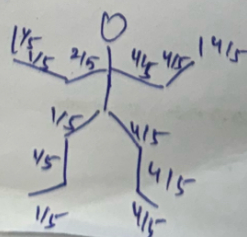
Conscious / Alert

No meningeal signs.

LMN Facial Palsy

Weak gag on R side

Power



28/3/2024

Daily Notes

LAVISHKA

24/F

19365

Dx: DORV + VSD + PS + situs inversus

+ Rt. Hemiparesis + Motor aphasia +

Acute CVA - Embolic phenomena

Aiz: i) Aphasia + Hemiparesis

Plantar: ↑/↓

DTR:

1+	2+
1+	2+

Motor aphasia

UMN facial palsy +

No papilledema

O/E GC: fair

SpO₂: 58% LRA

CVS: S₁ S₂ +

Systolic murmur ⊕

PS heard ⊕

loud S₂

⊕ S₁

PIA } WNL.
RIS }

20/3
PT/INR = 22.4/1.92

Plan
PT-INR/APTT

Adm (wt. 9.4kg)

- Tab. Propranolol 10mg bd

- Tab. Aspirin 25mg - 0 - 12.5mg

D₉ - Inj. Enoxaparin 10mg bd

- Syp. Levetiracetam (100/1) 1ml bd

- Syp. Iron (30/5) 5ml po od

- Tab. Warfarin 1mg ~~po od~~

- Syp. Lactulose 10ml po od hs

- w/t vitals

PSH ⊕

Precordial bulge ⊕

1/5

4/5