Govt. of National Capital Territory of Delhi

गोविन्द बल्लभ पन्त
स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
१, जवाहरलाल नेहरू मार्ग, नई दिल्ली-११०००२

Govind Ballabh Pant Institute

of Post Graduate Medical Education & Research (GIPMER)
1, Jawahar Lal Nehru Marg, New Delhi - 110 002

OUT PATIENT REGISTRATION CARD

Unit II | Dr SUMOD KURIEN
EDP OPD BLOCK - Room No.: 0431 OPD REGN NO :2129054
Clnic : PAED CARDIOLOGY (Fri 2PM)

Patient's Name :AJAY KUMAR ABHAY Age/Sex : 7 MALE
Father's Name :BABU NAND SHARMA Category GENERAL
Address :SIVAN BIHAR Mobile / Ph. No. :

DATED : PROVISIONAL DIAGNOSIS : Blood Group ____

INVESTIGATIONS :-
HAEMOGLOBIN 10-06-2016 14:00:26 / New
- ☐ TLC
- ☐ DLC
- ☐ ESR
- ☐ BLEEDING TIME
- ☐ CLOTTING TIME
- ☐ PLATELET COUNT
- ☐ PROTHROMBIN TIME
- ☐ URINE (R/M)
- ☐ URINE (C/S)
- ☐ STOOL (R/E)
- ☐ STOOL (OCCULT BLOOD)
- ☐ MISC.....
- ☐ LIVER FUNCTION TEST
  - S. BILIRUBIN T/D
  - AST /ALT.
  - ALKALINE PHOSPHATE
- ☐ S. PROTIEN T/D
- ☐ S. AMYLASE
- ☐ HIV
- ☐ HBsAg
- ☐ ANTI HBc
- ☐ Anti HCV
- ☐ KIDNEY FUNCTION TEST
  - B. UREA / S. CREATININE
- ☐ LIPID PROFILE
  - TOTAL CHOLESTEROL
  - HDL / LDL / VLDL / TG
- ☐ BLOOD SUGAR
  - FASTING / RANDOM / PP
- ☐ S. ELECTROLYTE
- ☐ X-RAY.....
- ☐ ULTRASOUND.....
- ☐ CT SCAN.....
- ☐ MRI.....
- ☐ E.C.G.....
- ☐ 2D ECHO / DOPPLER
- ☐ T.M.T.....
- ☐ HOLTER.....
- ☐ E.E.G. / E.M.G.....
- ☐ Others.....

EXAMINATION :

Clo - Failure to thrive

outside Echo - ASD

Adv - 2D Echocardiography

01/07/16 ECHO DOPPLER

TREATMENT :

दवाई का नाम Name of Medicine	खाली पेट Empty Stomach	नाश्ता Breakfast	दोपहर का खाना Lunch
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Do 2 I - II

Echo: 2.4 cm OS-ASD i L→R shunt i inlet RA/RV dilation RVSP → 30 + RAP.

Adv: Peds Opinion for ? LRTI

Echo for [illegible] 8/7/16

शराब पीना एवं धूम्रपान स्वास्थ्य के लिए हानिकारक है।

Dr. Sumod

-8 JUL

15 JUL

430

CXR (PA)

→ 1.9 cm OS-ASD; OK for device

8/7/16

9 am Echo room

Clearance

Assistant Professor
Department of Cardiology
GIPMER, New Delhi-02

Adv:

Device Closure ~~→ Not indicated~~

Wants estimate → Echocardiform

15/07/16

T. Fruselar 1/2 OD

× 2 months

90

G. B. PANT HOSPITAL, NEW DELHI-110 002

Department of Cardiology

Echocardiography & Doppler Hemodynamic Laboratory

8/7/16 Dr Sumaly

Name Ajay Kumar Age & Sex 7 yrs / M OPD/CR No. 2129054 Echo No.

Operator Dr Pratay Wt./Ht. Date 31/7/16

Clinical Diagnosis

19mm v DMN
Dr Jr dmy

Measurements

LA/Ao	LVIDd/LVIDs	FS	EF (m-mode)
RVID	IVSd/IVSs	PWTd/PWTs	RA
SVC	IVCi/IVCx	MPA	LPA
RPA	AsAo	DesAo	MVA
ASD/VSD/PDA EF		LV Mass	2D-LV Volumes

2D Echo Description – SS, LC, NRGA

Valves – AV, VA concentric, SVC, IVC → RA, 3PV → LA

Chambers – OS – ASD 2.4cm

Septa

Segmental Wall Motion (L) → (R)

CO – mild RA, RV dilatation

Mass/Veg/thrombus/other

Doppler Dats

MV

AV

TV

PV

HR

PA pressure

Others :

Final Impression – mild TR. RVSP = 30 + RAP.

– 3PV → RA | no COA/VSD

Δ ACHD | OS – ASD (L) → (R) | mild TR | (N) BV functn

D-9

DEPARTMENT OF RADIOLOGY & IMAGING
G.B. PANT HOSPITAL
GNCT OF DELHI

REQUISITION FORM FOR X-RAYS / SPECIAL INVESTIGATIONS

Name of Patient	Age	Sex	Ward	Bed No.	Unit	C.R. No.
Ajay Kr	7	M				

Referred by	OPD	OPD No.	Date
Dr. S. Kusum	C	2129054	8/7/16

Exact part to be examined

Cxr PAN

LMP (Wherever applicable)	Previous X-ray Examination (Send skiagram of previous examination with this form)

Short Clinical History and duration of ilness/Clinical diagnosis:

K/C/O ACND / OC ASD

Personal History: History of heart disease/renal impairment/ previous surgery/ infections/ allergy to iodinated contrast/any other **allergy**.

Medical officer / Designation

DATE OF X-RAY / SPECIAL INVESTIGATION :

INSTRUCTIONS TO THE PATIENTS FOR SPECIAL INVESTIGATIONS:

(Tick whichever is applicable)

1. Report at 9 AM in Room No.
2. Take light dinner the day before investigation.
3. Tablet Dulcolax 2 HS.
4. Tablet Charcoal 4 HS.
5. Overnight fasting.
6. Please wear light cotton clothes.
7. Do not wear any jewellery/ metallic object.
8. Can take light breakfast early in the morning.

X-Ray Register No. No. & size of films

Technician

REPORT OVERLEAF

G.B.P.H.