





AS YOU WISH

The Biker
Sprite

RB-28/22

9315475107
Pharmela

ब. रो.

अनुभाग व दिन

कमरा नंबर
Cabin No.

डा. राजेन्द्र प्रसाद
अ. भा. आयु.
Dr. Rajendra Prasad
A.I.I.M.S., New Delhi
यू.एच.आई.डी.
UHID No.

ANSH

(DUPLICATE)
UHID: 105834369 (Casualty)
No: 2022/1313
Dept. No.: 20220290001357
ANSH
S/O: DINESH CHAND

RP Centre Emergency
Date: 01/03/2022
General
20

RPC Casualty-Dr. M. S. Bajaj
Unit V MON TUE, WED, THU, FRI, SAT, SUN
Room No.: 1

Address: VILL-KURNIDHAR, DIST-ALMORA, UTTARAKHAND, INDIA

रोगी का
Name of the

Ansh

M 2yr

दिनांक
DATE

निदान
DIAGNOSIS

15/3/22

उपचार Treatment



R/C RR

@ group A & B

EORR

calcification 2 RB

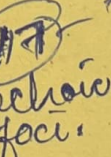


USG →
(4 PM)
Tumor

Entire vitreous cavity filled with hyperechoic areas of high intensity & calcification. Few areas on ocular coats showing hyperechoic foci.

To Register in RB Clinic Thursday

PRCH for Chus



EUA date 1426
Mr. Aramudun

15/3/22

(Next Monday)

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध
2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें
3. थूकिये नहीं
1. No Smoking
2. Use Dustbin
3. No Spitting

B/L Rb

दिनांक - Date

उपचार - Treatment

CSB Di Prithu

EORB

(R) Group B - (L) EORB (Stage II)

Plan

To Start HAC -

✓ ECA dati -

H/O leukemia

(27) (R) USG - Tumor dimension

→ Height 6.6mm
Base 6.2mm

Neck

Dati

Patc for EOR on coming Thursday

142 B
Premaha
Si

Sh

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.

डॉ. राजेंद्र प्रसाद नेत्र विज्ञान केंद्र, नई दिल्ली - 110029

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES, NEW DELHI-110029



UHID No: 105834369



(AIIMS)

आपातकालीन विभाग
(RPC Emergency)

आपातकालीन नं. (Dept. Regd. No): 20220290001357
NON-MLC Patient

नाम NAME: () ANSH
S/O: () DINESH CHAND

आयु AGE: 2 वर्ष Years

लिंग / SEX: पुरुष/M

पता ADDRESS: गकान संख्या
शहर/प्रखंड
राज्य
दूरभाष सं.

H.NO: VILL-KURNIDHAR
CITY/BLOCK: DISTT-ALMORA
STATE: UTTARAKHAND
PHONE NO.

गली / मुहल्ला
पिन कोड
मोबाइल

STREET/MOH:
PIN:

दिनांक DATE: 01/03/2022

इकाई UNIT: Unit-V

आ.चि.अ. C.M.O: DR RAJESHWARI

द्वारा BROUGHT BY: Self

दिनांक Date:	निदान Diagnosis:
01/03/2022 16:09:22 PM	<p>(Orbital) (Cellulitis)</p> <p>patient presented with sudden protrusion of (LE) eye was increasing since 3-4 days, there was no b/o trauma as informed by the attendant. patient had a b/o vaccination at 3 months in Feb 20 following he developed fever & whitish opacity in (LE) developed in (LE) painful DOV after 1 wk. gradual & referred to RPC, AIIMS Delhi at that time but he was unable to reach because of covid pandemic.</p> <p>(LE) US & done with the patient</p> <p>Adv. 548 PCM 2ml OP (concentration 225mg/5ml)</p>

Don't not wait

नेत्रदान महादान

नेत्र आपात सेवा पूरे २४ घंटे के लिए उपलब्ध है

Casualty Services are available for 24 hours

tel.No:(011)-26589461,26588500,26588700 Ext.3062,3063, Eye bank Services 26589461,26593660

आपकी आंखें बहुमूल्य हैं. नेत्र कोष में सम्पर्क करें
Your Eyes are precious to all-visit our Eye Bank.

L.H0403220323

105834369



ANSH

CIDP SR Unit -5 Dr. Bhatnagar

Adv. => CEMRI orbit + Brain
2mm cuts

flu tomogram reports
IBWard

Axial / Sagittal / Coronal sections

along pineal gland

L.C0403220600

105834369



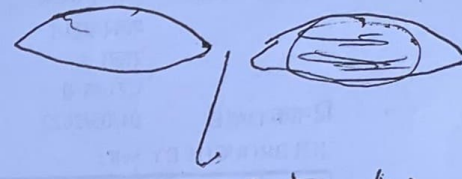
ANSH

3/2/22

? (C) Infective Keratitis @ Age 6

? Corneal opacity since then
? white reflex

Since 1wk. → Redness
Proptosis (C)



No other
comorbidity

No fever / Pain.
No systemic illness.

- Retropulsion
strongly
positive

D/D
- To rule out Cytomegalovirus
Adv CECT orbit & brain
- 32 W. L. -
- 80 CBC / CFT / RFT / Peripheral smear.

(2) RMS
USG
- pod Anterior
spikes present
inside &
outside
globe

FW & Report
Tue/Fri OPD #43 9AM

(32) W. L. -

Patient not
affordable for CEMRI

CECT →

(R) Calcified lesion
enhancing filling globe
+ extra-orbital involvement
upto mid-orbit

Adv
Retinal detachment

→ (C) Superior Colloidal
Astrocytoma

Adv
Urgent → DRCA Registration
for Nivardimide
FW is ~~not~~ ~~not~~ ~~not~~
OPD (Tue) Room 32
urgent
To show to
Dr. Pratik / Dr. Pallavi Mehta



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 105834369
Patient Name : Mr. ANSH Sex : Male
Age : 2Y Sample Received Date : 04-Mar-2022 11:08 AM
Lab Name: Dept of Laboratory Medicine Department : RPC Emergency
Reg Date : 04-Mar-2022 11:08 AM Lab Sub Centre: Smart Lab New OPD Block
Recommended By: Sample Collection Date: 04-Mar-2022 09:30 AM
Lab Reference No: 2210938901

Sample Details : LH0403220323

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name	Result	UOM	Reference
Hb	11.30	g/dL	11.0 - 14.0
Hematocrit	37.30	%	34 - 40
RBC count	4.92	$10^6/\mu\text{L}$	4.0 - 5.2
WBC count	10.38	$10^3/\mu\text{l}$	5.0 - 15.0
Platelet count	490.00	$10^3/\mu\text{L}$	200 - 490
MCV	75.80	fL	75 - 87
MCH	23.00	pg	24 - 30
MCHC	30.30	g/dL	
RDW-CV	16.90	%	11.6 - 14
Neutro	21.20	%	39-60%
Lympho	69.70	%	29-65%
Eosino	2.20	%	1-4%
Mono	6.70	%	2-10%
NRBC	0	%	
Baso	0.20	%	0-1%
Neutro - Abs	2.20	$10^3/\mu\text{l}$	1.5-8.0
Lympho- Abs	7.23	$10^3/\mu\text{l}$	6.0-9.0
Eosino - Abs	0.23	$10^3/\mu\text{l}$	0.1 - 1.0
Mono - Abs	0.70	$10^3/\mu\text{l}$	0.2 - 1.0
Baso - Abs	0.02	$10^3/\mu\text{l}$	0.02 - 0.1
PS for (Others)	ps		

Remarks: RBC- Normocytic normochromic, WBC- TLC, Platelets- as given. Impression: Normocytic Normochromic Blood Picture for age. No MP/Hemoparasites seen in the smear examined. Advice: Kindly correlate clinically.

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr. Vijay Mariadas Antony MD
(Pathology)

Attention: The cap of the vacutainer. When using any of caps and filling it must be done in a clean manner due to inappropriate patient practices, storage, and handling of the cap. The cap must be replaced with the original cap on the same day on lot no. 2526



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID:	105834369	Sex :	Male
Patient Name :	Mr. ANSH	Sample Received Date :	04-Mar-2022 11:08 AM
Age :	2Y	Department :	RPC Emergency
Lab Name:	Dept of Laboratory Medicine	Lab Sub Centre:	Smart Lab New OPD Block
Reg Date :	04-Mar-2022 11:08 AM	Sample Collection Date:	04-Mar-2022 09:30 AM
Recommended By:		Lab Reference No:	2210938901
Sample Details : LH0403220323		Sample Type : Whole Blood	

Report

HEMATOLOGY

Test Name

Result

UOM

Reference

04-Mar-2022 15:47



प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences, New Delhi-110029

UHID:	105859939	Reg Date :	14/03/2022 11:39 AM
Patient Name :	Mr ANSH ANSH	Age :	2 years 3 months 1 day
Sex :	Male	Unit Name :	Unit-I
Department :	Medical Oncology	Sample Collection Date:	29/03/2022 12:33 PM
Unit Incharge :	Dr. Lalit Kumar (HOD)	Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name:	Oncology Lab	Report Generated Date:	30/03/2022 04:52 PM
Sample Received Date:	29/03/2022 02:55 PM	Recommended By:	Dr. Animesh Gupta IRCH
Dept / IRCH No:	270747		
Lab Reference No:	465		

Sample Details : LOI-290322110-CS (CSF)**CSF For Morphology**

C-465/22.

CSF cytospin smear is acellular.

Senior Resident: Dr Tanya Prasad

Consultant: Dr Pranay Tanwar

Authorized Signatory



प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences , New Delhi-110029

UHID:	105859939	Reg Date :	14/03/2022 11:39 AM
Patient Name :	Mr ANSH ANSH		
Sex :	Male	Age :	2 years 3 months 1 day
Department :	Medical Oncology	Unit Name :	Unit-I
Unit Incharge :	Dr. Lalit Kumar (HOD)	Sample Collection Date:	29/03/2022 12:32 PM
Lab Name:	Oncology Lab	Lab Sub Centre:	Lab Oncology (IRCH)
Sample Received Date:	30/03/2022 11:50 AM	Report Generated Date:	31/03/2022 05:04 PM
Dept / IRCH No:	270747	Recommended By:	Dr. Animesh Gupta IRCH
Lab Reference No:	0910		

Sample Details : LOI-290322109-BP (Bone Marrow)

BMA BMT PS

Report: Cellular and degenerated bone marrow aspirate shows haematopoietic cells of all series (M:E=2.5:1). There is no evidence of metastasis noted in the smears examined.

Peripheral blood smear is unremarkable.

Advice : Correlation with bone marrow biopsy

Senior Resident: Dr Mita Patel

Consultant: Dr Pranay Tanwar

(Dr.pranaytanwar)
Authorized Signatory

RADIO ISOTOPE INVESTIGATION REQUISITION FORM

TEL : 26588500/ EXT. 3210

नाभिकीय चिकित्सा विभाग
 DEPARTMENT OF NUCLEAR MEDICINE
 अखिल भारतीय आयुर्विज्ञान संस्थान
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 नई दिल्ली - 110 029
 NEW DELHI - 110 029

old RAK
 2/2/21
 10/4

DR. B.R.A. IRCH, AIIMS, NEW DELHI
 UHID: 105859939
 IRCH No. 270747
 नाम अंश अंश
 Name ANSH
 S/O- DINESH CHANDRA
 General
 Sex/Age M/2

रोगी का नाम / Name

लिंग Age / Sex :

Referred by :

पंजीकरण सं० / Regd. No. :

Examination Required :

- | | | |
|---|--|---|
| <input type="checkbox"/> Liver Scan | <input type="checkbox"/> Renal dynamic study | <input type="checkbox"/> Thyroid Scan |
| <input type="checkbox"/> Hepatobiliary Study | <input type="checkbox"/> DMSA/GHA Renal scan | <input type="checkbox"/> R.A.I.U |
| <input type="checkbox"/> Study for Duodeno gastric reflux | <input type="checkbox"/> DRCG/UFMT | <input type="checkbox"/> Perchlorate discharge Test |
| <input type="checkbox"/> Study for G.I Bleeding | <input type="checkbox"/> Renal Transplant Evaluation | <input type="checkbox"/> T-4 Suppression Test |
| * Tc-99m abdominal scan | <input type="checkbox"/> Renal clearance study | <input type="checkbox"/> I-131 whole Body Scan for Ca Thyroid |
| * Blood Pool scan | G.F.R. | <input type="checkbox"/> R.B.C. Mass estimation |
| <input type="checkbox"/> Gastro - esophageal Reflux | E.R.P.F. | <input type="checkbox"/> Cr - 51 RBC survival study |
| <input type="checkbox"/> Gastric Emptying Study | <input type="checkbox"/> Brain Spect scan | <input type="checkbox"/> Gallium Scan |
| <input checked="" type="checkbox"/> Bone Scan | <input type="checkbox"/> MISCELLANEOUS (Only after discussion) | <input type="checkbox"/> Strontium Therapy |
| <input type="checkbox"/> Bone Marrow Scan | | <input type="checkbox"/> MiBG Scan |

IMPORTANT

L.M.P. :
 S Cr :
 Blood Urea :
 Serum Bilirubin :
 Haemoglobin :
 P.C.V. :
 PREVIOUS STUDY

06/04/22
 9a2

BRIEF CLINICAL HISTORY

B/L . R B
 (L) - E O R B
 Baseline med. evaluation

[Signature]

Signature of Referring Physician / Surgeon

Date

डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र / Dr. Rajendra Prasad Centre for Ophthalmic Sciences
अखिल भारतीय आयुर्विज्ञान संस्थान/ALL INDIA INSTITUTE OF MEDICAL SCIENCES
एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम. आर.आई माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. or Unit 105834369 Date of Requisition 4/3/22
OPD No. CR No. Ward / Bed No.
2. Screening Dept. : Radio-diagnosis Neuro-Radiology Cardiac Radiology
(Tick as appropriate) Ansh
3. रोगी का नाम /Patient's Name आयु / Age 29 लिंग /Sex M
(साफ अक्षरों में / In Block letters)
- जन्म तिथि /Date of Birth : दिन /Day माह /Month वर्ष /Year वजन /Weight..... कि. ग्रा. /kg.
4. General Patient Condition (Tick as appropriate)
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory
5. Clinical Details : History :

Examinations:

Relevant Investigations:

Previous CT / MR / Other Reports / Studies

(with numbers, if any)

6. Clinical Diagnosis : ? orbital cellulitis
Related to 15/04/2022
KFT (PAC), NPO - 7:30AM
orbit + Brown
2mm cuts - Axial / sagittal / coronal sections along pineal gland
7. Exact Anatomical site for MRI :
8. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).
10. (a) Contrast Enhancement Required : Yes No
(b) Implant in Body (Tick as appropriate)
Cardiac Pacemaker Aneurysmal clips Cardiac Valve/Prosthesis
Metallic Implants Sharpnel/Pellet Others None
- हस्ताक्षर / Signature
नाम / Name
(साफ अक्षरों में / In Block letters)
पदनाम / Designation

(Requisition may be signed by a Faculty Member/Sr. Resident)

NMR
SA-RD PR
2022
GA

Booked for
27/4/22 10:14/22
NPO
KFT

K
SR RD.



सं. 1
NO. 1



उत्तराखण्ड सरकार

GOVERNMENT OF UTTARAKHAND
चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग
DEPARTMENT OF MEDICAL HEALTH AND FAMILY WELFARE
जिला महिला चिकित्सालय देहरादून
DISTRICT FEMALE HOSPITAL DEHRADUN

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तराखण्ड जन्म मृत्यु रजिस्ट्रीकरण नियम, 2003 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTARAKHAND REGISTRATION OF BIRTHS & DEATHS RULES 2003)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि जिला महिला चिकित्सालय देहरादून तहसील देहरादून सदर जिला देहरादून राज्य/संघ प्रदेश उत्तराखण्ड, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR DISTRICT FEMALE HOSPITAL DEHRADUN OF TAHSIL/BLOCK DEHRADUN SADAR OF DISTRICT DEHRADUN OF STATE/UNION TERRITORY UTTARAKHAND, INDIA.

नाम / NAME: ANSH

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:

28-12-2019
TWENTY-EIGHTH-DECEMBER-TWO THOUSAND NINETEEN

जन्म स्थान/ PLACE OF BIRTH:
DISTRICT FEMALE HOSPITAL

माता का नाम / NAME OF MOTHER:

SUMITRA DEVI

पिता का नाम / NAME OF FATHER:
DINESH CHANDRA

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

VANI VIHAR RAIPUR ROAD, DEHRADUN, DEHRADUN SADAR, DEHRADUN, UTTARAKHAND

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:

VANI VIHAR RAIPUR ROAD, DEHRADUN, DEHRADUN SADAR, DEHRADUN, UTTARAKHAND

पंजीकरण संख्या / REGISTRATION NUMBER:

B-2020: 5-90024-000799

पंजीकरण तारीख / DATE OF REGISTRATION:

11-02-2020

टिप्पणी / REMARKS (IF ANY):

TIME OF BIRTH 12:00 AM

जारी करने की तिथि / DATE OF ISSUE:

11-02-2020

Registrar, Birth & Death/
Chief Medical Superintendent
जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:
District Women Hospital
रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
जिला महिला चिकित्सालय देहरादून
DISTRICT FEMALE HOSPITAL DEHRADUN

UPDATED ON :

11-02-2020 11:20:22



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"





भारत सरकार

Government of India



Issue Date: 25/09/2021



सुमित्रा

Sumitra

जन्म तिथि/DOB: 12/04/1997

महिला/ FEMALE

Download Date: 03/10/2021

5229 4568 1191

VID : 9161 6779 6824 1162

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

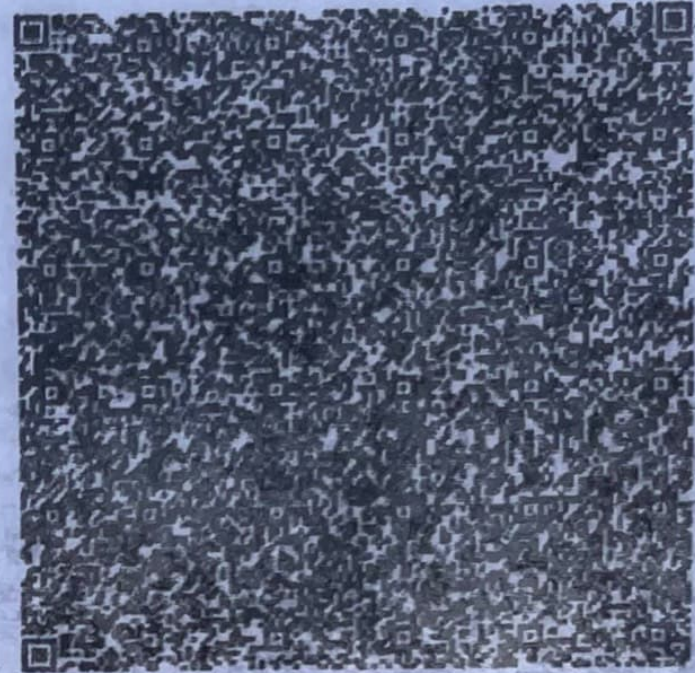


पता:

द्वारा: दिनेश चंद्र, कुणीधार, मनिला, कुरीधर, अल्मोड़ा,
उत्तराखंड - 263667

Address:

C/O: Dinesh Chandra, kunidhar, manila,
Kuridhar, Almora,
Uttarakhand - 263667



5229 4568 1191

VID : 9161 6779 6824 1162



1947



help@uidai.gov.in



www.uidai.gov.in