



भारत सरकार
Government of India

आधार

Issue Date: 14-05-2015

रवीला कुमारी
Ravita Kumari
जन्म तिथि/DOB: 01/01/2005
महिला/ FEMALE

5121 1154 1930
VID : 9124 2313 5020 0592
मेरा आधार, मेरी पहचान

BLOOMING LIVES FOUNDATION

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता:
द्वारा: विरेन्द्र कुमार, गहिल स्थान, दिबरा धनी, पूर्णिया,
बिहार - 854203

Address:
C/O: Birendra Kumar, Gahil Sthan,
Dibraghani, Purnia,
Bihar - 854203

Download Date: 25/01/2023

5121 1154 1930
VID : 9124 2313 5020 0592

1947 | help@uidai.gov.in | www.uidai.gov.in

भारत सरकार
Government of India

आधार

बिरेन्द्र कुमार
Birendra Kumar
जन्म तिथि / DOB : 01/01/2002
पुरुष / Male

18/02/2015

4472 3830 5533

मेरा आधार, मेरी पहचान

BLOOMING LIVES FOUNDATION

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता: आत्मज: उमाकांत मंडल, दिबराधनी,
दिबराधानी, पूर्णिया, बिहार, 854203

Address: S/O: Umakant Mandal,
dibradhani, Dibraghani, Purnia, Bihar,
854203

4472 3830 5533

1947 help@uidai.gov.in www.uidai.gov.in

बृंदावन क्लिनिक

डॉ० राजेश कुमार
DR. RAJESH KUMAR

M.B.B.S (PMCH Patna)
D.C.H. PEDIA (PMCH Patna)
M.I.A.P (New Delhi)
NALS & PALS Trained
PGPN Boston University (U.S.A)
Ex- Resident : Arvind Hospital, Patna
Jagdish Memorial Hospital, Patna
चिकित्सा पदाधिकारी सदर अस्पताल अररिया



पता :
माँ बालकेश्वरी कॉम्प्लेक्स
होटल अनामिका के सामने
लाईन बाजार चौक, पूर्णियाँ
9661040800

नवजात शिशु एवं बच्चा रोग विशेषज्ञ

Reg No.: 36436 BCMR (Patna)

Date: 08/09/20

Name: Shrestha M. Age/Sex: 14 months Wt: 5.5kg Address: Calcutta

clo large grade
Resp. effort
weak

Aa Admitted to

DR. N. Kumar
CNS - 5.5 kg
Pancy stable mem
Sect. soft ch

① is X-ray PP (2500) 3d
(100) E

Search drop 1mg

ribben (100) 1/2 mg VPR - 3d

Dolo drop 0.2mg

Cup megestrol 2.5mg

ceftiofur drop 8 drops

Coferol PD top 8 drops

~~...~~ 10 drops

Mitre drug 6 drops

CPZ - 100 mg

CPC
CPS
SAB
Echo

Dr. Arvind Kumar
ad

BLOOMING LIVES FOUNDATION

❖ 24 घंटा इमरजेंसी सेवा उपलब्ध ❖ भर्ती की सुविधा (0 से 18 वर्ष) ❖ नवजात शिशु गहन चिकित्सा (NICU) सुविधा उपलब्ध
❖ पुराना पुर्जा एवं रिपोर्ट 2 बजे के बाद देखा जायेगा। ❖ यहाँ सभी प्रकार का टीकाकरण होता है।
❖ 20 दिन बाद पुनः फीस लगेगा। ❖ दवा खरीद कर अवश्य दिखा लें।
Not Valid For Medicolegal Purposes

Equipped with fully automated analyzer in all department
Mobile: 9304322614, 9113771463, 8405993222

Emergency Services

सेवा उपलब्ध



Patient ID : BR21002008443
Patient Name : Mst. SHIRSTI KUMARI
Referred by : Dr. RAJESH KUMAR MBBS D.C.H(Pedia)
Serial No : 6546



Age : 1 Y 4 M 4 D
Sex : Male
Receiving Date : 08-09-2024
Reporting Date : 08-09-2024

Investigation	Observed Value	Unit	Biological Ref Interval
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HEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN (HB)	8.7 L	gm/dl	13.00 - 18.00
HCT(PCV)	26.1 L	%	42.00 - 52.00
RBC COUNT	3.21 L	mU/ml	4.50 - 6.20
MCV	81.31	femtoliter	78.00 - 100.00
MCH	27.1	Picogram	27.00 - 32.00
MCHC	33.33	gm/dl	30.00 - 37.00
RDW-CV	14.6	%	11.30 - 14.70
PLATELETS COUNT	4.99 H	lakh/ul	1.50 - 4.50
TOTAL LEUCOCYTE COUNT (TLC)	10800	/cmm	4000.00 - 11000.00

DLC (DIFFERENTIAL LEUCOCYTE COUNT)

NEUTROPHILS	38 L	%	45.00 - 65.00
LYMPHOCYTES	55 H	%	30.00 - 40.00
MONOCYTE	05	%	2.00 - 10.00
EOSINOPHILS	02	%	1.00 - 6.00
BASOPHILS	00	%	0.00 - 1.00

Specimen : BLOOD

SEROLOGY

CRP (QUANTITATIVE) 1.07 mg/L 0.00 - 6.00

Specimen : SERUM

BIOCHEMISTRY

SGPT (ALT) 116.25 H IU/L 0.00 - 41.00

Specimen : SERUM

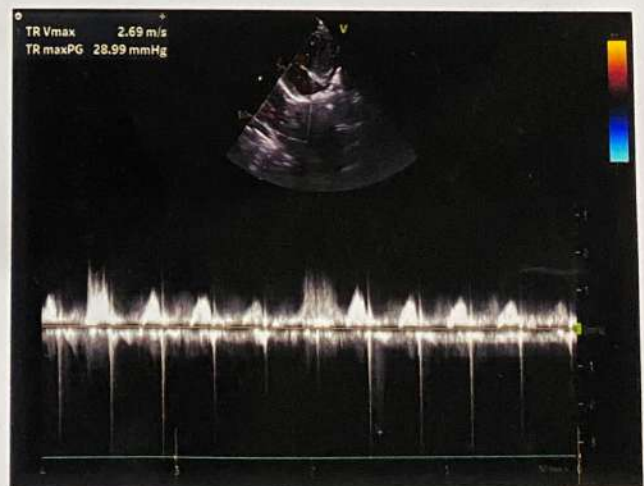
** END OF REPORT **

Note : This Report is the pursual of Doctor only. Not for medico legal purpose.

Signature

Name: SHRISTI KUMARI 14M/F,
Ref. By: DR RAJESH KUMAR, DCH

Date: 08/09/2024



UTKARSH HEART & DIABETES CARE


Front of Sadar Hospital, Line Bazar,
Purnea(Bihar) PIN 854301
Mob.: 7261060026

FINDINGS :

SITUS SOLITUS
AV VA CONCORDANCE
LEVOCARDIA
CHD, L-R SHUNT, SMALL ASD OF SIZE 0.2CM, SECONDUM TYPE
DILATED RA &RV
MILD TR, MILD PAH, PASP 40MMHG
NORMAL LV SYSTOLIC FUNCTION
LVEF, 70%

CONCLUSION :

CHD, L-R SHUNT, SMALL ASD OF SIZE 0.2CM, SECONDUM TYPE
DILATED RA &RV
MILD TR, MILD PAH, PASP 40MMHG
NORMAL LV SYSTOLIC FUNCTION
LVEF, 70%


DR. SHISHIR KUMAR
MBBS MD (AMU) DIP CARD, PGDCC CCEBDM ACMDC

BLOOMING LIVES FOUNDATION



PNDT/PAT-435/2013

Mob.: 9835491585, 9835217474

SHREE DIAGNOSTICS

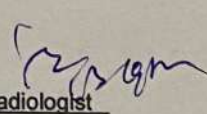
Choudhary Sweets Lane, Near UCO Bank, Samanpura, Raja Bazar, Patna-800014

REPORT OF M-MODE / 2 -DIMENSIONAL / DOPPLER / COLOUR FLOW MAPPING /
CONTRAST ECHOCARDIOGRAPHY,Name : **BABY SHRISHTI KUMARI**
Reg. NO - : Date : 13.09.2024Age Years
Refd. By : **DR. MANI BHUSHAN MBBS,MD**

Thanks for referral

LIVER	Borderline enlarged measuring 8.5cm in size cranio-caudally. Grade I fatty changes (non alcoholic steatosis) of liver. IHBR appear normal. Portal vein & hepatic veins appear sonographically normal.
GALL BLADDER	Not distended.
C.B.D	Normal in course and caliber.
PANCREAS	Normal in shape size and echotexture.
SPLEEN	Measures 5.3cm in size cranio-caudally, Echotexture appears normal.
RT. KIDNEY	Measures 5.5X2.3cm in size. Normal in shape size and echotexture. CMD appears normal.
LT. KIDNEY	Measures 5.0X2.7cm in size. Normal in shape size and echotexture. CMD appears normal.
U BLADDER	Well distended urinary bladder with normal wall. Lumen echofree,
UTERUS	Normal for age.
ADENEXA	Normal for age.
P.O.D	No free fluid seen.
RIF	Appears sonographically normal. No evidence of mass/abscess/free fluid seen in RIF.
ANY OTHERS	None

IMPRESSION (1) Borderline hepatomegaly with grade I fatty (non alcoholic steatosis) of liver .
(2) Rest organs appear sonographically normal.


Radiologist

Dr. Jaishree
MBBS,DMRD
Reg. no. BCMR 31018

Facilities : • ECG • Digital X-Ray (300 MA Siemens) • All Contrast Studies (IVP, RGU-MCU, HSC etc.)
• USG (Ultrasound) + Colour Doppler • Echo Doppler • Trans Vaginal USG (TVS) • Vascular Doppler • TMT • PFT • Holter
Time : 9.30 AM to 7.30 PM (Monday to Saturday); 9.30 AM to 1.30 PM (Sunday)

(Please co-relate clinically. not for medico-legal purpose)

Images





GUARDIAN HOSPITAL & RESEARCH CENTRE

(A UNIT OF GUARDIAN HEALTH SERVICE PVT.LTD)

JAGDEOPATH PHULWARI ROAD, OPP PILLER NO-10, BAILEY ROAD, PATNA-14

MOBILE NO-7280005280, 7280005283

NAME:- Mrs Shrih' km. OPD NO:- _____
 AGE:- 1.4 yr SEX:- F DATE:- 13/09/24
 ADDRESS:- Purnea MOBILE:- _____
 CONSULTANT DOCTOR:- DR.MANIBHUSHAN (NEPHROLOGIST) MBBS,MD
 CONSULTANT CHARGE:- 700/- PAID:- _____ LAST VISIT:- _____

012

Ptt 90

CLL

MA

ETD

ES - normal

patient is km case ASD

H/O: (L) enlarged lymphadenopathy
breast & thymicopulmonary dm] 2 1/2 cm

improved

↓
wt loss

Revised

Dr. 15/09/2015/110
20/09/2015/42/20/63/85

08/09/24 TEL 10800 H/O 87. 28/11/24

Supt 116.2g

CPe/ LFT / renal / breath

Hct/Ht 138/40 24/03

Ech - ASD - 0.2cm L-R shunt
Dilated RA/RV

Urino RIM (+)

Use of abir Mel KVB cph - Non-Haemolytic streptococcus of M

Echocardiography = ASD + PS

GUARDIAN HOSPITAL & RESEARCH CENTRE

(A Unit of Guardian Health Service Pvt. Ltd.)

Jagdeopath Phulwari Road, Opp. Piller No.-10, Bailey Road, Patna - 14

Ph. : 0612-2590089 | Mobile : 7280005280 | E-mail : info@guardianhospitalpatna.com | Website : guardianhospitalpatna.com



NAME : SHIRISTI KUMARI
AGE/SEX : 1Y/FEMALE
REF.BY : G.H.&.R.CENTER

DATE OF REG. : 13/09/2024
REG.NO : R/16076

CLINICAL PATHOLOGY	VALUE	Unit	REF.RANGE
URINE ANALYSIS			
PHYSICAL EXAMINATION			
VOLUME	20 ml		
COLOUR	Straw		
APPEARANCE	Hazy		
SPECIFIC GRAVITY	1.010		
CHEMICAL EXAMINATION			
PH	Acidic		
GLUCOSE	Negative		
BILIRUBIN	Absent		
UROBILINOGEN	Normal		
NITRITE	Absent		
PROTEIN	Absent		
KETONE	NEGATIVE		
BILE SALT	Absent		
BILE PIGMENT	Negative		
CHYLE TEST	Negative		
MICROSCOPIC EXAMINATION			
CRYSTAL	Nil		
RBC	1-2/HPF		
WBC	1-2/HPF		
EPITHELIAL CELLS	FEW		

GUARDIAN HOSPITAL & RESEARCH CENTRE

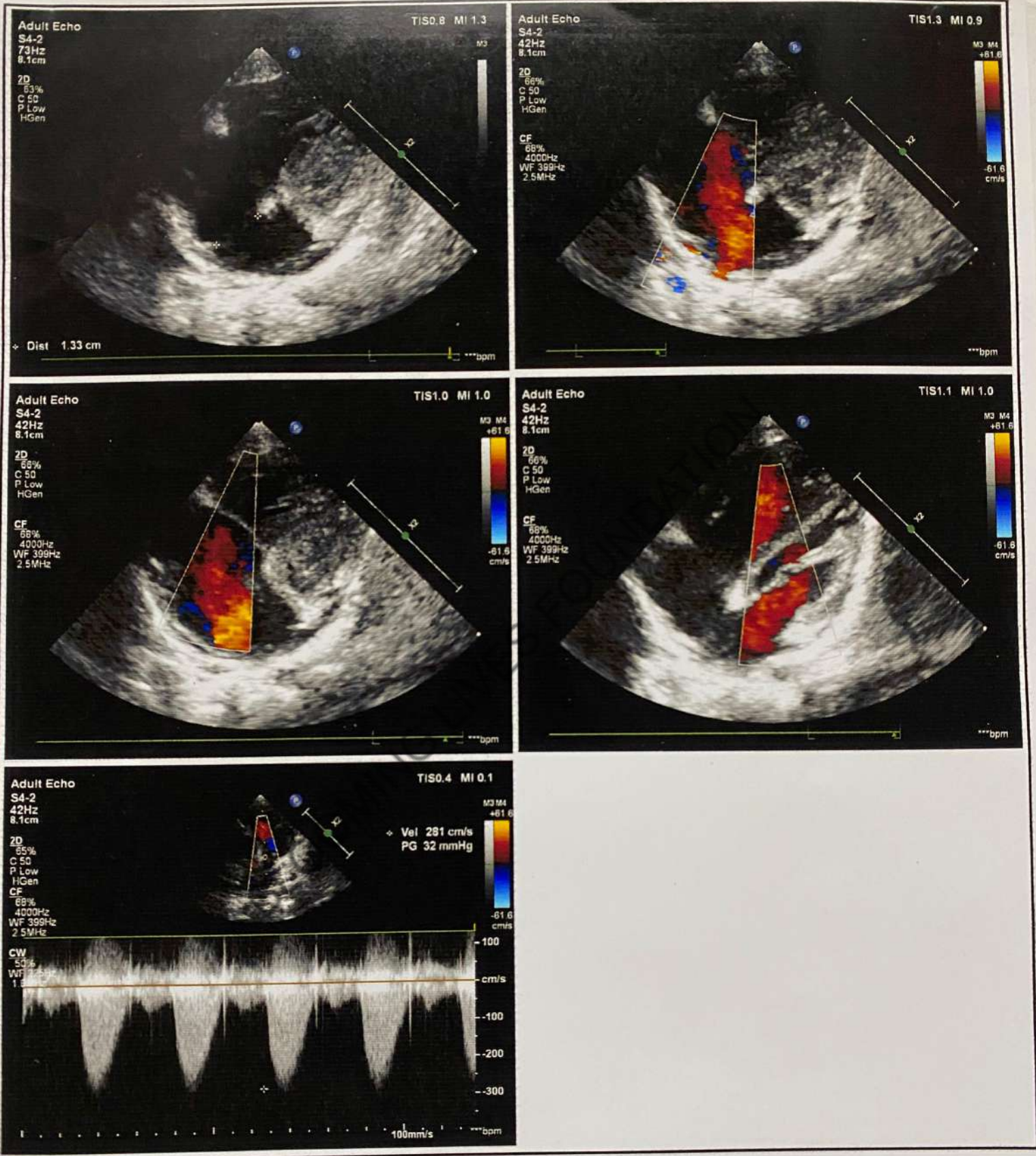
(A Unit of Guardian Health Service Pvt. Ltd.)

Jagdeopath Phulwari Road, Opp. Piller No.-10, Bailey Road, Patna - 14

Ph. : 0612-2590089 | Mobile : 7280005280 | E-mail : info@guardianhospitalpatna.com | Website : guardianhospitalpatna.com

Signature

Images





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हृदय वक्ष एवं तंत्रिका विज्ञान
 ब० रा० वि०
 अ० भा० आ० सं०, नई दिल्ली
 Cardiothoracic & Neurosciences (C.N.C.)
 A.I.I.M.S., New Delhi-110



दिनांक/Date

विभाग
 Deptt.

यू०एच०आई०डी०सं०
 UHID No.

CV 2024/01a/0026449
 UHID: 107825145
 Date 25/09/2024 WED
 Name **SHRISHTI KUMARI**
 D/O Birender kumar 1Y 3M /F
 Consultant Room 21 General
 SR Room 14 Dr. Lamk Kadiyani
 Dr. Suad
 Prv. Reg. No.

निदान
 Diagnosis

107825145

ACHD | ↑UP | dt ASD 7mm (L→R) | Mild PS

*SPoz
 100*

*tricky abbe
 this felt
 attend in
 Dharamkhela*

FREE GEN...
 (S) MED...
 26/9/24

- Adv.*
- 1) Syp. tonoferon 0.5ml OD
 - 2) Syp. vit D3 1ml OD
 - 3) HU T reports

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



PNDT/PAT-435/2013

MOB: 983491888, 983491889

SHREE DIAGNOSTICS

Choudhary Sweets Lane, Near UGO Bank, Samanpura, Raja Bazar, Patna-800014

REPORT OF M-MODE / 2 -DIMENSIONAL / DOPPLER / COLOUR FLOW MAPPING /
CONTRAST ECHOCARDIOGRAPHY,Name : **SHRISTI KUMARI**Age **14.0 MONTHS**

Reg. NO - :

Date : 13.9.2024

Refd. By : **DR MANIBHUSHAN.MBBS. MD.(MED)**

MEASUREMENTS

AORTIC ROOT	: cm				
LEFT ATRIUM	: cm				
LVID d	: cm	LVEF	:	65.0%	
LVID s	: cm	VIS. EF	:	65.0%	
IVS (ed)	: cm	FS	:	32.0%	
IVS (es)	:	AV Excursion	:	N	
LVPW (ed)	: cm				
LVPW (es)	:				



DOPPLER ASSESSMENT


	PG	MDG	EDG	MVA	RR INTERVAL
MITRAL VALVE	:				
TRICUSPID VALVE	:				
AORTIC VALVE	:				
PULMONARY VALVE	: 26 mm HG				
REGURGITATION	:				
PULMONARY ARTERY PRESSURE	: N				

FINDINGS

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
PULMONARY VALVE	:	MILD PS.
INTER ATRIAL SEPTUM	:	ASD
INTER VENTRICULAR SEPTUM	:	INTACT
PERICARDIUM	:	NORMAL
REGIONAL WALL MOTION	:	NO R.W.M. ABNORMALITY

CONCLUSION

ASD+PS SITUS SOLITUS AV/VA CONCORDANCE. ACANOTIC CONGENITAL HT DISEASE. LARGE OSTIUM SEC ASD OF 13.0 mm SIZE LEFT TO RT FLOW. RA/RV DILATED. MILD PULMONARY STENOSIS. GRADIENT 31 mm HG NO R.W.M. ABNORMALITY. NORMAL LV /RVSYSTOLIC FUNCTION. NORMAL PASP. NO PE. NO CLOT. NO COARCT.

Recorded & Reported By 

Facilities : • ECG • Digital X-Ray (300 MA Siemens) • All Contrast Studies (IVP, RGU-MCU, HSC etc.)
• USG (Ultrasound) + Colour Doppler • Echo Doppler • Trans Vaginal USG (TVS) • Vascular Doppler • TMT • PFT • Holter
Time : 9.30 AM to 7.30 PM (Monday to Saturday); 9.30 AM to 1.30 PM (Sunday)

(Please co-relate clinically. not for medico-legal purpose)

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :-

UHID No.

O.P.D./Ward

Rx.

Shunthi kumari, 172 F

To Attend Pediatrics
Cardiology (23/09/2024)

हयूटी पर अधिकार
Doctor on Duty
आपात चिकित्सा विभाग
Dept. of Emergency Medicine
अ.भा.आ.सं., नई दिल्ली-110029
A.I.I.M.S., New Del

हयूटी पर अधिकार
Doctor on Duty
आपात चिकित्सा विभाग
Dept. of Emergency Medicine
अ.भा.आ.सं., नई दिल्ली-110029
A.I.I.M.S., New Del

BLOOMING LIVES FOUNDATION

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हृदय - वक्ष एवं विज्ञानतंत्रिका केन्द्र

42

SCIENCES CENTRE

CV 2024/014/0026449

UHID: 107825145

Date 25/09/2024

WED

Cardiology
Paed. Cardiology

Name **SHRISHTI KUMARI**

1Y 3M /F

D/O Birender kumar

Consultant 21

SR Room 14

Address: bihar, BIHAR INDIA



अखिल

A.I.I.M

नाम

Name

एक्स-रे

X-Ray No. _____

Date _____

हस्पताल यू.एच.आई.डी. नं.

वार्ड/ ओ. पी. डी.

Hosp. UHID No. _____

Indoor/Outdoor _____

Examination Required _____

चिकित्सक की जांच रिपोर्ट :

Clinical Information :

एक्सरे - फार्म

X-RAY REQUISITION FORM

आयु

लिंग

आय

Age

Sex

Income

चिकित्सक विभाग

Referring Unit

रोगी स्थिति

Ambulatory/Non

1454195
25/9/24

CXR AP

किसी दवा का बुरा प्रभाव

Any History of Allergy _____

अन्तिम माहवारी तिथि

LMP _____

कोई पुराने एक्स-रे

Any Previous X-Rays _____

चिकित्सक के हस्ताक्षर

SIGNATURE OF MEDICAL OFFICER

रेडियाग्राफर के लिए

FOR RADIOGRAPHERS USE

पहचान चिन्ह
Identification Mark

अंगूठा निशान
Thumb Impression

कमरा न.
Room No.

फिल्म साइज
Size & No. of Films

के.वी. एम.ए.एस.
KV MAS

हस्ताक्षर
Signature

रिपोर्ट
REPORT

एक्स रे- चिकित्सक
RADIOLOGIST

5
26/9/24
call date
28/9/24
11Am

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हृदय वक्ष एवं तंत्रिका विज्ञान
ब० रो० वि०
अ० भा० आ० सं०, नई दिल्ली
Cardiothoracic & Neurosciences (C.N.)
A.I.I.M.S., New Delhi-110

LH25092401894 107825145
LC2509242625 107825145
SHRISHTIKUMARI

दिनांक/Date

विभाग
Deptt.

यू०एच०आई०डी०सं०
UHID No.

CV 2024/014/0026449
UHID: 107825145

Date 25/09/2024 WED
Name SHRISHTI KUMARI
D/O Birender kumar

Consultant Room 21
SR Room 14

Cardiology
Paed. Cardiology

1Y 3M /F

General
Dr. Lamk Kadiyani
Dr. Suad

Prv. Reg. No.

निदान
Diagnosis

8

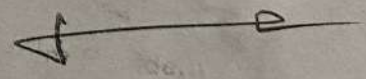
ACHD | ↑ Qp | DL ASD 1mm
(L → R) | mild PS

SPOR
100

Handwritten notes:
truly all the
this patient
attend in
Dharamkela

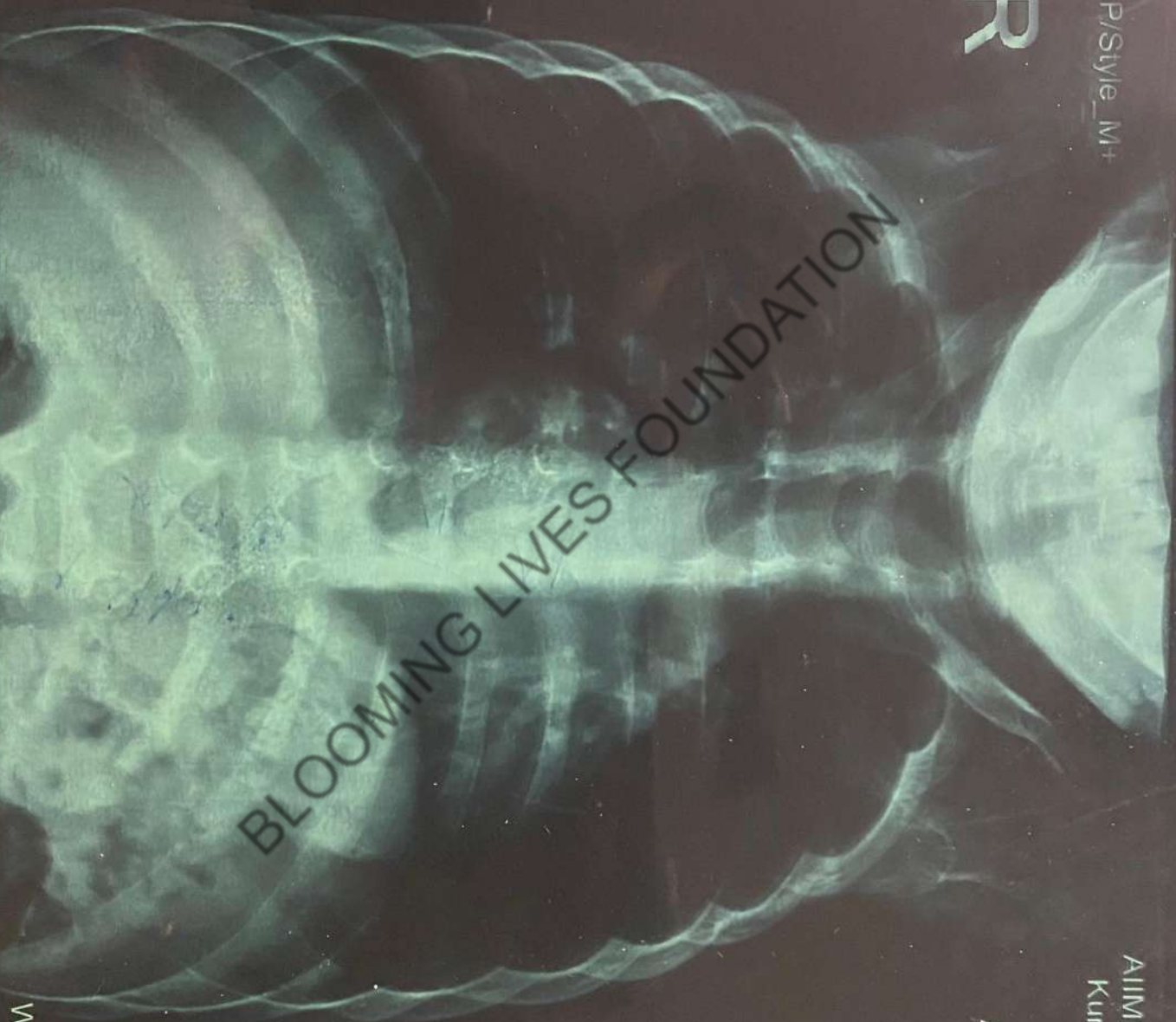
Adv.

- 1) Syp. tonoferon 0.5ml OD
- 2) Syp. vit D3 1ml OD
- 3) HU T report



1104/96
CHEST/CHEST AP/Style_M+
AIIMS_CARD

R



AIIMS, CARDIO-RADIO
Kumari Shrishti Miss
10/825145
Sep. 26 2024
Acq Im 09 35 AM

1196 X 1333
Kumari Shrishti Miss. 107825145 1454795 CHEST/CHEST AP/Style M+ Sep 26 2024 09:34 AM
CARDIO-THORACIC & NEURO SCIENCES CENTRE(AIIMS DELHI)
W: 18050 L 8437