

GANDHI MEMORIAL & ASSOCIATED HOSPITALS

31 KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW, INDIA



①

No. O.P.D. Registration No. 09347

Book No. 2348

Date of Issue

Date of Validity

Name B/o Anamik

Age 15yrs Sex Fch

Address [lost]

Provisional Diagnosis

Date TREATMENT ADVISED CARDIOLOGY O.P.D.

11 FEB 2014

ECHO K.G.M.U. LKO.

Small PDA (Closing)  
↑ velocity in RPA

Plan followup after 3 months

Dx = no dx needed  
[Signature]

[Handwritten scribbles and signatures]

Initial of Clinician

Referred to Section

1. चिकित्सालय में पान, मसाला एवं धूम्रपान वर्जित है। पकड़े जाने पर 100 रु जुर्माना।
  2. गांधी वार्ड के पास साझा चूल्हा की सुविधा उपलब्ध है, अन्य जगह खाना बनाने पर दण्डित किया जायेगा।
- हास्पिटल डोनेशन फण्ड में दान देने हेतु कृपया सुपरिटेन्डेन्ट या विभागाध्यक्ष से सम्पर्क करें।

# DEPARTMENT OF CARDIOLOGY

KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW.

## "2D-Echocardiography and Doppler Study Report"

Date : 11/2/14  
 Case No. : 1057  
 C/o Clinical Diagnosis

Name: B/O Anamika Age/Sex: 15 days / F

Consultant Incharge: Prof. S.K. Dwivedi DM (card)  
 Resident Performing Echo: Dr. Rajiv MD

**Mitral Value**  
 Area (cm<sup>2</sup>) (Perimetry) (PHT) Gradient (Peak/Mean) mmHg  
 BMV Score Thickness Mobility Calcium Subvalva  
 Total Score Commisures  
 AML EF slope (mm/sec) DE (cm) EPSS (cm)  
 PML

**Aortic Valve**  
 Aortic Root (cm) Opening (cm) Closure  
 Valve Structure Others :

**Pulmonary valve**  
**Tricuspid valve**  
 Left Atrium cm LA/AO ratio  
 Right Atrium Right Ventricle  
 Clots/Myxomas RVID  
 Interatrial septum  
 Interventricular septum

**LV STUDY**  
 IVS (d) IVS (s) LVPW (d) LVPW (s) (cm)  
 LVID(d) LVID (s) (cm)  
 EDV ESV (cm)  
 EF% SF%

LVEF% by Simpsons/Bullet  
**SEGMENTAL WALL MOTION ABNORMALITIES:**

RWMA:  
 Others:

B/0 Aram  
 2/2 →  
 N

## Doppler and Color flow imaging

### Mitral Study

E (m/sec)  
 Flow Pattern  
 Regurgitation  
 Regurgitant Volume (ml)  
 PISA  
 IVRT

DT (m/secs)      A(m/sec)      E/A ratio  
 Absolute area (cm<sup>2</sup>)      % of Area  
 RF (%)  
 ERO      Vena contracta

### Aortic Study

Peak Velocity (m/sec)  
 AT (msecs)  
 Regurgitation  
 Slope (m/sec)

Peak/Mean Gradient (mmHG)  
 Area  
 % of LVOT      Extent  
 PHT (msecs)      Vena Contacta

### Pulmonary Study

Peak Velocity (m/sec)  
 AT (m/secs)  
 Regurgitation  
 Predicated PA pressure

Peak/ Mean Gradient (mmHG)  
 Peak PR Velocity  
 Peak PR Gradient  
 PREDV  
 PREDG

### Tricuspid Study

E (m/sec)  
 Regurgitation  
 Absolute area  
 RA/RV  
 TR Velocity (m/sec)

A (m/sec)      E/A Ratio      % Change with respiration  
 % RA Area  
 RVSP/PASP  
 PG-

### Pulmonary Venous Flows

### Hepatic Venous Flows

### SVC Flows

### Mitral Annular Velocities

### Summary of Findings & Final Diagnosis

Imp:

- Sinus Solitus, leucocardia
- Svc/IVC → RA, all PV → LA
- A-V and V-A concordance
- NRGA, left sided aortic arch
- 1mm OS-ASD → L → R shunt
- Tiny PDA (? in closure phase)
- RPA mid portion stenosis (p. vel = 0.2 m/s, PG = 20 mmHg)
- LPA/MPA normal
- IVS intact, no coarctation
- No clot (hepatic)
- @ Biventricular junction

Consultant

*Sajid*  
 Resident

B/O Anamika

♀ 2mths 2.8kg (3)

Persistence of jaundice

O/I → mainly conjugated

Neonatal cholestasis cause?

CMU titres - significantly ↑ w/ Ig M.

e

- PDA

- e Asymmetric jaundice cause?

- stools off & on acholic/hypocholeic.

Adv. (i) → Simil MCT oil →  $\frac{1 \text{ ml } e^-}{\text{feed}}$

(ii) - Drig. Vit. A → 50000 IU stat IMI stat

↓  
10000 IU monthly

(iii) - Drig. Arachitol → 30,000, IU. IMI stat

& monthly

(iv) Vit. C certan dose → 1 ml = 25 → 2 ml →  $\hookrightarrow$

(v) → Drig. Vit. K → 5mg IMI x 3 days → wkly.

→ Referred to Prof. Yach. can

• pediatrics - Dept. - SCDH

Siddhanta

→ V (Synovial) drops → 10°

→ Colic Sept → 2 ml

Siddhanta

Dr. Siddhanta Koonwar  
Dept. of Pediatrics  
KAMU, AHO.

09415102691

Referral to SCDH LKO  
from KAMU (Karnataka)

ST. NJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW  
Department of Radiodiagnosis and Imaging

ULTRASONOGRAPHY

Name ..... B/o Anamika ..... Age/Sex ..... 2M/F ..... CR. No. 20/4/168003  
Referring Physician /Unit /OPD/Ward / Bed.....  
ULTRASOUND (Hepatobiliary) /Whole Abdomen/KUB/Pelvis/FNAC/Retroperitoneum/ ..... (37)  
Ultrasound No. .... Date 26/22 Nov 2014 ..... Clinical Diagnosis.....

REPORT :

Liver: Normal in size & echotexture ✓  
PV: 3-6mm  
No echogenicity anterior to right portal vein (triangular  
cystic sign -ve)  
GB: pre feeds - 1x0.3x0.4cm  
Post feeds - Collapsed (0.85x0.13x0.1cm)  
Spleen: Normal

Cranium - No hydrocephalus  
- No collection left  
- Normal brain parenchyma

Tajeri

(Radiologist)

Sanjay Gandhi Postgraduate Institute of Medical Sciences  
DEPARTMENT OF NUCLEAR MEDICINE

HedaScan  
Report

Name : Baby Of Anamika  
Procedure : Hepatobiliary  
By Physician :  
Inpatient/OPD/Ward :  
Accession Number : NUMNM14002363

CRNO : 2014168003  
Equipment : INFANIA 1  
Age : 2 Months  
Sex : Female  
Date of Exam : March 28, 2014

Study no : HB-270/14

Clinical history : NCS

Radionuclide hepatobiliary study was done following IV injection of Tc-99m mebrofenin. Serial static images were done upto 24 hrs of injection.

The images show the following features :

- There is homogenous and impaired tracer uptake in liver
- Clearance of the cardiac tracer activity is seen by 24hrs of the study.
- There is no excretion of tracer from the liver into the small bowels at 24 hrs imaging.

Impression :

1. Severely Impaired hepatocellular function.
2. Possibility of biliary atresia can not be ruled out.

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Liver Biopsy

Liver  
Biopsy  
Report

Department of Pathology

Lab Name: Histopathology

CRNo: 2014168003      Status: IP      Unit: UNIT-1      Department : Paediatric Gastroenterology  
Name: Baby Of Anamika /2 M / F      Ward/Bed: B28A00/8  
Sample No: L150102041402869      Specimen: Tissue  
Consultant: Surender Kumar Yachha      Collected On: 02/04/2014 15:04 PM

Test Name: 01. Endoscopic/ Needle/ Small Biopsy      Test On: liver biopsy

Gross: 2869/14 Received single linear tissue piece measuring 1.8cm i length. Whole was embedded.

Microscopic: Liver biopsy shows four portal and lobular disarray. Hepatocytes show feathery degeneration and giant cell transformation. Intrahepatic and intracanalicular bile accumulation is seen at places. Out of four portal tracts, one portal tract shows single bile duct. There is no ductular proliferation. There is mild portal tract mononuclear inflammatory infiltrate along with mild interface hepatitis. (See remarks)

Remarks: In view of above liver biopsy findings possibility of PILBD should be considered.

Reported Date: 11/04/2014 11:04 AM

Reported By : Dr. Ram Nawal Rao

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

Epithelial Cells	5-7/hpf	-
Cast	-	-
Crystals	-	-
Others	bacteria+	-

Reported Date: Apr 7, 2014 11:18 AM

Reported By: Dr. Valli Priyaa

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED



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DEPARTMENT OF CARDIOLOGY

Physician : Baby Of Anamika  
Specialty : Echocardiography  
Ward : B28A00  
Registration Number : CARDUS14004594

CRNO : 2014168003  
Equipment : US1-Cardio  
Age : 2 Months  
Sex : Female  
Date of Exam : April 4, 2014

28

Echocardiography

Prevalent Chamber Situs solitus,  
Analysis : IVC & SVC to right atrium,  
All four pulmonary veins to left atrium,  
Atrioventricular- concordance,  
Ventriculoarterial- concordance,  
Normally related great arteries,  
Left aortic arch,  
3 MM PDA L->R SHUNT, PG 55,  
NO ASD/VSD/COA,

Final Diagnosis : ACHD- 3 MM PDA L->R SHUNT, PG 55, NORMAL BIVENTRICULAR FUNCTION.

Reported by Dr. SJ

Equipment GE

Report Entered by N.LAL

Heart  
Echo

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Raebareli Road, Lucknow - 226 014 ,India

27

Discharge Summary

CRNO: 2014168003      Name: Baby Of Anamika 2/ M/F      Department: Paediatric  
 Gastroenterology

Unit: UNIT-1      Ward/Bed: B28A00 / GEN / 8

Admission No: ADM-201409656      Admitted on: 01-04-2014 15:21      Discharged on: Apr 4, 2014 12:54 PM

Patient Type: Priority      Consultant: Surender Kumar Yachha      Discharge Type:

Correspond. Address: A-3, V I P Guest House      Distt.      State Uttar Pradesh      Pin No.      Phone No +91-

DIAGNOSIS :  
 Provisional diagnosis- suspected Allagile syndrome (Triangular face, post-embryotoxon ⊕) Liver Biopsy  
 female baby born at 36 wks gestation (dob -22/1/14) with chronological age 70 days (corrected age 40 days), product of non consanguuos marriage , admitted c/o noticed jaundice with high colour urine with diaper staining with ambigious stool for last 20 days of chronological age. jaundice non progressive in nature .. no h/o skin bleed/gi bleed/ascites/fever/lethargy/feeding difficulty/hypotonia/lethargy/seizure .

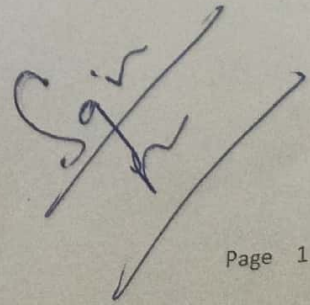
FAMILY H/O- one elder female sibs (6yrs) healthy, h/o 3 reccurent abortion in 1st , birth h/o- b wt 2.8 kg, meconium passed iwithin 1st 24 hrs , antenal h/o – took LMW Heparin through this pregnancy for weakly positive ANA and anti phospholipid antibody +. I/H - BCG SCAR+, DEV H/O – NORMAL, on EBF

o/e- gc – stable, vitals – normal, wt 3.9 kg, lt 52 cm, hc 35 cm, triangular face+, b/l inverted nipple +, icterus+, eye exam- no cataract cvs- continous murmer in back and 2 nd left ics +, per abd- soft, liver 2 cm soft bcm, spleen np, no free fluid, cns exam- normal

COURSE- admiited and work up done. hb- 10, bil total 12.8 (d 10.8), alkp 1434, ggt 248 , corrected INR 1, Abg- normal, USG ABD- 1 CM pre feed gb, with post feed collapse, no TCS, usg skull- no calcification, hida- non excretory, POST EMBROTOXON +, echo- 3 mm tiny PDA+, GALT NORMAL, RBS monitoring normal, Dorsal x ray spine -hazy and doubtful. , liver biopsy done as initially we were suspecting biliary atresia. lipid profile and urine ph(for RTA) awaited.

PLAN- collect liver biopsy, lipid profile and URINE PH REPORT  
 repeat xray dorsal lumber spine

- adv-EBF
- Syp Udiliv 1 ml BD
- Tonoferon drops 10 drops BD
- syp osteocalcium 2.5 ml tds.
- Mct oil 1 ml with feed tds
- Calcitriol sachet ½ sachet weekly
- Evion drop 0.5 ml bd
- Vitomin z drop 1 ml bd
- fu in OPD IN PEDS GASTRO OPD ON 15/4/14



Dr. Sumit Kumar @ 172.25.50.117

Discharge Summary

CRNO: 2014168003

Name: Baby Of Anamika 2/ M/F

Department: Paediatric  
Gastroenterology

(28)

INVESTIGATION RESULTS:

2014-04-03 11:43:06.086	Slit Lamp Examination		
2014-04-03 11:44:12.324	CR X Ray Chest PA		
2014-04-03 11:44:12.324	CR X-ray dorsal spine AP and lateral		
2014-04-03 13:11:52.543	Echocardiography		/hpf
→ 01/04/2014 04:00 PM	Stool fat (Sudan stain)		
→ 01/04/2014 04:20 PM	01. Endoscopic/ Needle/ Small Biopsy		
→ 01/04/2014 03:57 PM	02. Culture & Sensitivity - Urine		x1000/ul
01/04/2014 04:05 PM	01. TLC	16.8	gm/dl
01/04/2014 04:05 PM	03. HGB	10.0	x1000/cmm.
01/04/2014 04:05 PM	05. PLT	513	%
→ 01/04/2014 04:05 PM	08. DLC		fl
→ 01/04/2014 04:05 PM	09. Red cell indices		
→ 01/04/2014 04:01 PM	TORCH		mg/dl
01/04/2014 05:41 PM	13. S. Bilirubin, Total	12.8	mg/dl
01/04/2014 05:41 PM	14. S. Bilirubin, Conjugated	10.8	u/L
01/04/2014 05:41 PM	17. S. Alkaline Phosphatase	1434	u/L
01/04/2014 05:41 PM	21. S. GGT	248	mg/dl
01/04/2014 05:41 PM	32. S. Calcium	10.1	x1000/ul
01/04/2014 03:59 PM	04. Stat PLT	506	
01/04/2014 03:59 PM	22. Prothrombin time (PT)	12.8s(C=12.9s)INR=0.99	
→ 01/04/2014 03:56 PM	01. Urine Examination, R/M		
03/04/2014 11:44 AM	CR X Ray Chest PA		
03/04/2014 11:44 AM	CR X-ray dorsal spine AP and lateral		

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Raebareli Road, Lucknow - 226 014 ,India



Discharge Summary

CRNO: 2014168003

Name: Baby Of Anamika 2/ M/F

Department: Paediatric  
Gastroenterology

03/04/2014 11:43 AM

Slit Lamp Examination

03/04/2014 01:11 PM

Echocardiography

03/04/2014 03:05 PM

Galactose 1 PUT (Quantitative) 35 u/gHb

u/gmhb

Prepared by  
(Dr. Sajan Agarwal)

Signature of Consultant



FOUNDER AND INSPIRATION FOREVER

Late Dr. R.M.L. Mehrotra  
M.D., Ph.D. (London), F.R.C. Path,  
F.A.M.S. Awarded by B.C. Roy  
Ex. Professor & Head of the  
Department of Path. & Bact.,  
K.G. Medical College, Lucknow

website : [www.rmlpathology.com](http://www.rmlpathology.com)  
e-mail : [rmlabs@hotmail.com](mailto:rmlabs@hotmail.com)

Corporate office : B-171, Nirala Nagar, Lucknow - 226 020. Phone : 4034100-130 (30 Lines), 4077180, 2788444, Fax : (0522) 2788555

Patient Name	: BABYRAAGI	Lab No.	: 210092
Referring Doctor	: DR. R.K.BHATNAGAR	Registered	: 18/10/2014 11:37.00
Age / Sex	: 8 Months / FEMALE	Reported	: 18/10/2014 15:12.20

TEST NAME	RESULTS	UNITS	BIO.REF.INTERVAL
<b>LIVER PROFILE @</b>			
Total Serum Bilirubin (Method: Diazonium Ion )	<b>H 1.14</b>	mg/dl	0.1 - 1
Direct Serum Bilirubin (Method: Diazotized Sulfarilic Acid )	<b>H 0.93</b>	mg/dl	0.02 - 0.25
Indirect Serum Bilirubin (Method: Calculated)	0.21	mg/dl	0.08 - 0.75
Serum Glutamic Pyruvate Transaminase (SGPT) (Method: UV without PSP)	<b>H 227</b>	U/L	9 - 43
Serum Glutamic Oxaloacetic Transaminase (SGOT) (Method: UV without PSP)	<b>H 183</b>	U/L	10 - 35
Serum Alkaline Phosphatase (Method: p-NPP Kinetic assay at 37 degree C)	<b>H 717</b>	U/L.	40 - 449
Gamma Glutamyl Transpeptidase (GGT) (Method: Enzymatic Colorimetric (IFCC))	<b>H 967</b>	U/L	6 - 42
Total Serum Protein (Method: Biuret)	7.1	gms/dl	5.1 - 7.3
Serum Albumin (Method: BCG)	<b>L 3.7</b>	g/dl	3.8 - 5.4
Serum Globulin (Method: Calculated)	<b>H 3.4</b>	g/dl	0.6 - 2.2
A/G Ratio	1.09		

\*\*\* END OF REPORT \*\*\*

Checked By ...

*Bm*  
(Dr. Bandana Mehrotra)

**Sanjay Gandhi Post Graduate Institute of Medical Sciences**  
**Sanjay Gandhi Post Graduate Institute of Medical Sciences**  
 Raebareli Road, Lucknow - 226 014, India

**Raebareli Road, Lucknow - 226 014, India**

Department of Pathology

**Lab Name: Clinical Chemistry**

Lab No: 2014168003

**Status: OP**

**Unit: UNIT-1**

**Department: Paediatric Super Speciality Unit**

Name: Baby Of Anamika 4 Y / F

Lab Id: L150422061800620

**Specimen: Blood - Plain**

Consultant: M S Ansari

**Collected On: 22-Jun-2018 3:01 PM**

Test Name	Result	Unit	Reference Range
05. S. Creatinine	0.9 ✓	mg/dl	.5-1.6
09. S. Sodium	146 ✓	mmol/L	133-146
10. S. Potassium	4.04 ✓	mmol/L	3.8-5.4
11. S. Proteins, Total	8.6 ✓	g/dL	6-8.4
12. S. Albumin	4.0 ✓	g/dL	3.5-5.5
13. S. Bilirubin, Total	1.8 ✓	mg/dl	.1-1.3
14. S. Bilirubin, Conjugated	0.8 ✓	mg/dl	0-.4
15. S. AST (SGOT)	123 ✓	u/L	5-40
16. S. ALT (SGPT)	140 ✓	u/L	5-40
17. S. Alkaline Phosphatase	485 ✓	u/L	35-150
21. S. GGT	647 ✓	u/L	13-86

*(Handwritten initials)*

**Reported Date:** 23-Jun-2018 9:51 AM

**Reported By:** Mohd Irfan

**COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED**

58



ULTRASONOGRAPHY

Name Baby A Anamika Age/Sex 4 F CR. No. 201460003

Referring Physician /Unit /OPD/Ward / Bed.....

ULTRASOUND Hepatobiliary/Whole Abdomen/KUB/Pelvis/FNAC/Retroperitoneum/.....

Ultrasound No. .... Date 14/8/18 Clinical Diagnosis.....

REPORT : Hepatobiliary USG

Liver 9.8cm (N), echotex, mosaic, no IHBRD.  
CBD not dilated.

~~GB~~  
GB - 3.89 cm x 1.1 cm (N) distended, No calculi  
No wall thickening

RK - 5.8cm } BL (N)  
LK - 5.3cm }

Inprossia -

(Radiologist)