

Proforma-I

Print Key: MzM2MDE5MDIyMDI0MDczNw==

Inter district transfer of Judicial Officer

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, DR. Rashmi Verma [Name] CMO/CMS, DPH, Gonda (U.P.) have perused the documents presented before me by Sri SMT. ROOPALI SINGH (ID No UP3360 Designation Judicial Magistrate, Gonda OR on his behalf by Sri [Name] Relation with the officer [Name] Phone No. [Number]

- I have personally examined Sri/Smt./Sushri. Roopali Singh who is suffering from the disease/syndrome/disability ACHD & Ostium Primum & ASD & Mitral valve cleft, mild TR, MTR (Treated) with Amenorrhoea 16 weeks and in my opinion he/she may require frequent hospitalization for treatment/management.
I also verify that Sri/Smt./Sushri. Roopali Singh is suffering from the disease/syndrome/disability/disorder ACHD & Ostium Primum & ASD & Mitral valve cleft mild TR, MTR (Treated) with Amenorrhoea 16 weeks mentioned at paragraph no. 2 of the Annexure-I enclosed herewith.
In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/ disability/disorder in paragraph two above is possible ONLY at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely Delhi.
I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
This document shall be valid only for 24 months only.

Signature with seal 23.2.24 मुख्य चिकित्सा अधिकारी (C.M.O./C.M.S.) गोंडा

Name: DR. RASHMI VERMA ID No.: Designation: C.M.O. GONDA Telephone No.: Mobile No. 9005192659

Roopali 23/2/24 (DR SHAW GUPTA SR CONSULTANT DPH, GONDA)

- 1. Concerned District Judges/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference

Annexure-I

- I. **Cancers:** All types of cancers leading to permanent disability of more than 40%. The term cancer includes Leukaemia, Lymphoma and Hodgkin's Disease.
- II. Degenerative & Progressive Neurological disorders.
- III. **Paralytic Stroke (Cerebra Vascular Accidents):** CVA including Cerebral Haemorrhage, Cerebral Thrombosis and Cerebral embolism causing more than 40% Total Permanent Disability.
- IV. **Motor Neuron Disease:** Irreversibly progressive Motor Neuron Disease confirmed by a Neurologist. It should be duly supported by MRI, EMG and Nerve Conduction studies.
- V. **Parkinson's Disease:** Slowly Progressive degenerative neurological disorder causing Tremors, Rigidity and disturbance of balance and must be confirmed by a Neurologist.
- VI. **Cerebellar Ataxia and Neuropathies** leading to more than 40% disability.
- VII. **Person living with HIV AIDS (PLHA):** A person diagnosed with HIV AIDS and undergoing treatment.
- VIII. **Chronic Renal Failure:** Chronic Renal Failure with irreversible damage to both kidneys requiring RRT. Haemodialysis/ R. T and it must be well documented with relevant lab investigations.
- IX. **Chronic Respiratory Failure:** Chronic Respiratory Failure with irreversible damage to both lungs requiring demiceler oxygen or ventilator support.
- X. **Heart Diseases leading to Chronic Heart Failure:** Coronary Artery Disease and Valvular Heart Diseases which may be treated by CABG or Valve Replacement Surgery three years from the date of actual open heart surgery (Only till three years from the date of the procedure)
- XI. **Cases involving non-surgical techniques** like Angioplasty will be eligible for one year from the date of intervention. Unsuccessful surgery or Fardiomopathies leading to Heart Failure will also be included in this category.
- XII. **Thalassaemia Major and other Blood Dyscrasia:** All Blood Dyscrasias including Thalassaemia major requiring recurrent Blood Transfusions. Diabetes with complications:
 - a) Chronic Renal Failure;
 - b) Permanent loss of vision;
 - c) Cellulitis requiring Amputation of limbs;
 - d) Cerebro Vascular Accidents;
 - e) Coronary Artery Disease;
- XIII. Any other disease leading to more than 40% Physical or Permanent disability certified by the Medical Board with latest records/reports within past three months.
- XIV. Any other disorder with Mental disability of 40% or more as certified by the Medical Board & accompanied by UDID Card.
- XV. Acid attack victims.



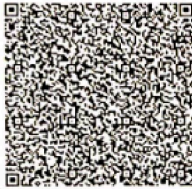
e-Stamp

Signature- Anjana Kumar Soni
ACC Name-Anjana Kumar Soni
ACC Code-UP14321904
ACC Add. Collectrate Parisar Gonda
Lic. No. -167
Tahsil Distt-Gonda

₹10

Certificate No. : IN-UP70921654751438W
Certificate Issued Date : 20-Feb-2024 12:46 PM
Account Reference : NEWIMPACC (SV)/ up14321904/ GONDA SADAR/ UP-GND
Unique Doc. Reference : SUBIN-UPUP1432190438096026328382W
Purchased by : Smt ROOPALI SINGH
Description of Document : Article 4 Affidavit
Property Description : Not Applicable
Consideration Price (Rs.) :
First Party : Smt ROOPALI SINGH
Second Party : THE REGISTRAR GENERAL ALLAHABAD HIGH COURT
Stamp Duty Paid By : Smt ROOPALI SINGH
Stamp Duty Amount(Rs.) : 10 (Ten only)

सत्यमेव जयते



IN-UP70921654751438W

Please write or type below this line

AFFIDAVIT

Roopali Singh (ID No-UP3360) Daughter of Sri Raj Kumar Singh, Wife of Sri Rohit Soni (ID No -UP3783) resident of B-14 Rajkiya Housing Colony, Gonda, do hereby solemnly affirm and declare as under: -

- 1. That I Roopali Singh (ID-UP3360) Currently posted as Judicial Magistrate Ist, Gonda and My husband Sri Rohit Soni (ID-UP3783) Currently posted as, Nyayadhikari, Gram Nyayalaya, Tarabganj-Gonda.
2. That I have gone through open-heart surgery operation in Dr. Ram Manohar Lohia Hospital, New Delhi to treat Atrial Septal Defect (ASD). As a precaution, I visit hospital regularly for follow up medical check-up.
3. That it is not convenient for me to get my medical check-up done, as distance between Gonda to Dr. Ram Manohar Lohia Hospital, New Delhi is around 650 kilometers.
4. That it for the aforesaid mentioned reasons, it is with most humble prayer to transfer us to the districts nearby New Delhi so that I could get my medical check-up done conveniently, I request your kind self to place this representation for Premature transfer before the Hon'ble Court for kind perusal.
5. That I declare that the information furnish above by me is true to best of my knowledge and belief and no information has been concealed by me.

VERIFICATION

Verified that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Verified at Gonda on 20-02-2024

Roopali Singh
DEPONENT

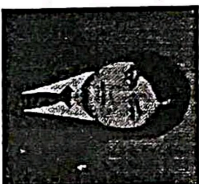
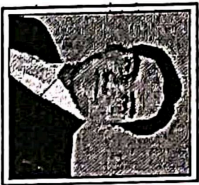
Roopali Singh
DEPONENT

Solemnly Affirmed & Declared before me on...

Tripurari Prasad Upadhyay
Notary Distt Gonda
The authenticity of this Stamp certificate should be verified at 'www.shclitestamp.com' or using e-Stamp Mobile App of Stock Holding Corporation of India. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid. Legitimacy is on the users of the certificate. In case of any discrepancy please inform the Competent Authority.

Application Id : 202200200307

CERTIFICATE OF REGISTRATION OF MARRIAGE



This is to certify that an application for the registration of marriage under the UTTAR PRADESH MARRIAGE REGISTRATION RULE, 2017 pertaining to the marriage of

Sri ROHIT SONI Date of birth 02-02-1994 Age 28 Year, S/O Mr RAMESH CHAND SONI , and Mrs TULSA DEVI, residing at 46/252 BHIM NAGAR JAGDISH PURA AGRA UP - Agra, Agra, 282002,

With

Smt ROOPALI SINGH Date of birth 01-08-1994 Age 27 Year, D/O Mr RAJ KUMAR SINGH , and Mrs POONAM SINGH, residing at 2/627 BUDDHI VIHAR AVAS VIKAS MURADABAD UP - Moradabad, Moradabad, 244001, has been presented in this office on 26-03-2022 where in it has been declared that the marriage was solemnized on 11-03-2022 at PANCHRATNA PALACE, 100FEET ROAD , BODLA AGRA, Agra, UTTAR PRADESH -.

The said application has been registered on 26-03-2022 at S. No. 175 at SRO Office- Sadar Second, District- Agra.

Marriage Registrar Officer

Signature & Seal



Logiq Imaging And Diagnostic Centre

Hotel white stone building, In front of Lohla Dharmshala Station Road, Gonda, Uttar Pradesh, pin-271001

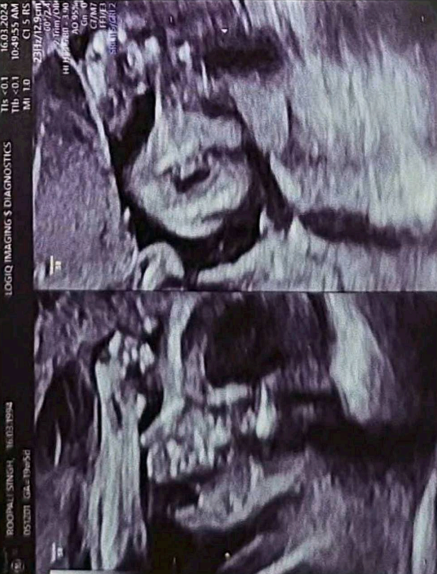
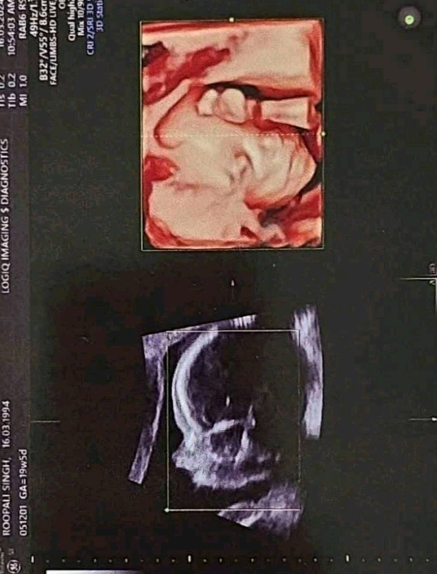
Name: ROOPALI SINGH

Age: 30 Y

Sex: Female

Ref: Dr. Anju Agarwal Ms (Gonda)

Date: 16-Mar-2024



LOGIQ IMAGING & DIAGNOSTICS

Study: ROOPALI SINGH, 16.03.2024
 Exam Type: SPINA (LUMB)
 Patient ID: 051201 GA-19w5d

2D Measurements	Value	Unit	Ref
100	1.15	cm	20.3%
101	2.99	cm	21.7%
102	0.27	cm	
103	0.89	cm	

2D Measurements

Value	Unit	Ref
34.28	mm	
26.62	mm	
32.62	mm	
26.31	mm	
119.83	mm	

2D Measurements

Value	Unit	Ref
73%	(L1-L2)	
73%	(L2-L3)	
73%	(L3-L4)	
73%	(L4-L5)	

2D Measurements

Value	Unit	Ref
136	mm	

LOGIQ IMAGING & DIAGNOSTICS

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73%	(L3-L4)	
73%	(L4-L5)	

2D Measurements

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LOGIQ IMAGING & DIAGNOSTICS

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73%	(L4-L5)	

2D Measurements

Value	Unit	Ref
136	mm	

Logiq Imaging And Diagnostic Centre

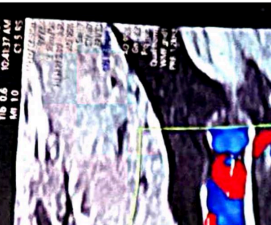
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Name: ROOPALI SINGH

Age: 30 Y

Sex: Female

Date: 16/03/2024

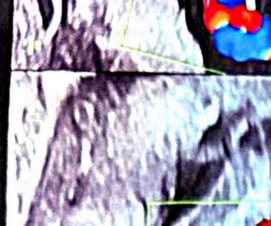


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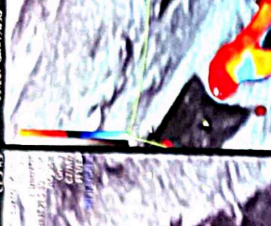


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BLADDER




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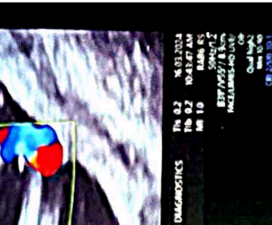


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KIDNEYS



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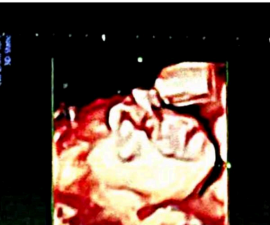
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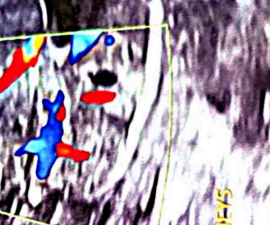
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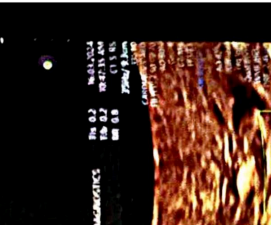
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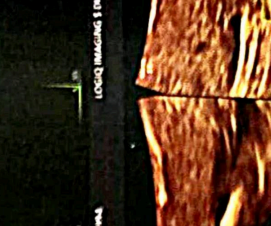
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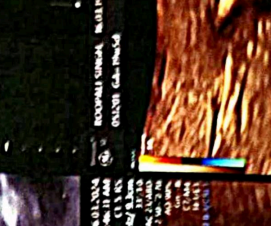
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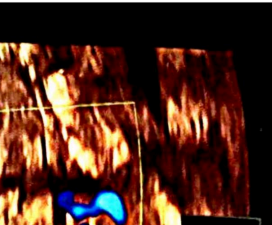
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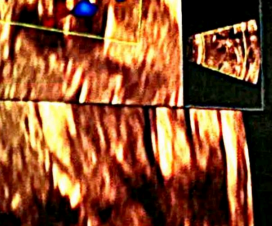
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NBL 0.59cm 21.7%

DV-S	-41.97cm/s
DV-D	-41.66cm/s
DV-A	-22.50cm/s
DV-Tmax	-36.20cm/s
DV-S/a	1.87
DV-a/s	0.54
DV-P1	0.54
DV-P2	0.46
DV-PV1	0.47

Velocity (cm/s) vs Time (s)



लॉजिक

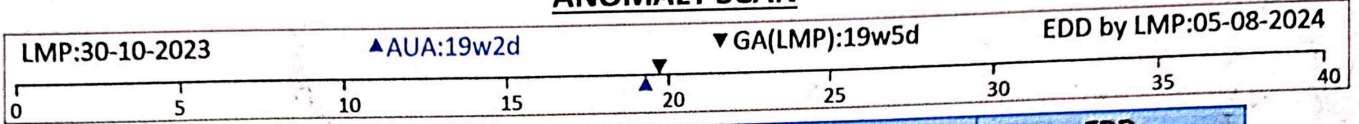
इमेजिंग एवं डायग्नोस्टिक्स
बाई स्पेक्ट्रम मेडीविज़न

लोअर गाउण्ड फ्लोर, होटल वाइटस्टोन
लोहिया धर्मशाला के सामने
स्टेशन रोड, गोण्डा-271001

PHONE: +91- 7311189871, 7311189872
EMAIL: logiqbySMPL@gmail.com,
spektrummedivision@gmail.com
WEBSITE: www.smpl.com

Patient Name: ROOPALI SINGH	Date: 16/03/2024
Patient Id: 51201	Age/Sex: 30 Years / FEMALE
Ref Phy: DR. ANJU AGARWAL MS (GONDA)	

ANOMALY SCAN



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 30/10/2023	19	5	05/08/2024
By USG		19	2	08/08/2024

AGREED DATING IS (BASED ON LMP)

There is a single gestation sac in uterus with a single fetus within it in cephalic position .
The fetal cardiac activities and body movements are well seen.
Placenta is fundal anterior in position and grade II in maturity.
Amniotic Fluid: 12.0 cm AFI is Normal Range SLP = 3.43 cm
Internal os is closed and length of cervix is normal. 40.3 mm.
No congenital anomaly is detected at this stage. (Please see foot note.)
The fetal growth parameters are as follow :

	mm	Weeks	Days	Percentile
Biparietal Diameter	42.1	18	5	14.2% + ● + +
Head circumference	159.2	18	5	8.1% ● + + +
Transverse Cerebellar Distance	18.9	18	4	21.5% + ● + +
Nasal Bone Length	5.9			21.7% + ● + +
Abdominal Circumference	140.7	19	3	35.6% + ● + +
Humerus Length	30.2	20	0	62.4% + + ● +
Radial Length	25.5	19	3	46.4% + ● + +
Ulnar Length	28.0	20	2	58.4% + + ● +
Femoral Length	30.9	19	4	37% + ● + +
Tibial Length	26.9	19	5	56.4% + + ● +
Fibula Length	26.0	19	0	36.8% + ● + +
Inner Orbital Distance	11.5			42.1% + ● + +

Equipped with: •Whole Body CT Scan •Ultrasound •Color Doppler •Echo Cardiography •X-ray
•Pathology •ECG •EEG •PFT •TMT

FOR HOME COLLECTION, PLEASE CALL: +91-7311189871, 7311189872 THIS IS NOT FOR MEDICO-LEGAL PURPOSE

ALL MODERN MACHINES HAVE THEIR OWN LIMITATIONS. IN CASE OF ANY DISCRIPANCY, THE PROCEDURE CAN BE
REPETED OR RE-EVALUATED. REPETED OR RE-EVALUATED IMPRESSION IS A PROFESSIONAL OPINION AND NOT A DIAGNOSIS.

THE JURISDICTION FOR ALL KIND OF DISPUTES RELATED WITH THIS INSTITUTION WILL BE UNDER THE JURISDICTION AREA OF DISTRICT COURT GONDA





लॉजिक

इमेजिंग एवं डायग्नोस्टिक्स
बाई स्पेक्ट्रम मेडीविज़न

लोअर ग्राउण्ड फ्लोर, होटल वाइटस्टोन
लोहिया धर्मशाला के सामने
स्टेशन रोड, गोण्डा-271001

PHONE: +91- 7311189871, 7311189872
EMAIL : logiqbySMPL@gmail.com,
spektrummedivision@gmail.com
WEBSITE : www.smpl.com

Patient Name: ROOPALI SINGH	Date: 16/03/2024
Patient Id: 51201	Age/Sex: 30 Years / FEMALE
Ref Phy: DR. ANJU AGARWAL MS (GONDA)	

Outer Orbital Distance	29.9	19	3	20.3%	+ ● + + +
Fetal Weight	291 Grams + 42 Grams.			28.6%	+ ● + + +
Heart Rate	156 Beats Per Minute.				
FL/AC = 21.96% ((20- 24%))				HC/AC = 1.13 ((1.09- 1.26))	
FL/BPD = 73.4%((GA: OOR))				BPD/OFD = 72.96% ((70- 86%))	

Vessels	S/D	RI	PI	PI Percentile	Remarks
Umbilical Vein	**	**	**		Non-pulsatile waveform (normal) Umbilical Vein
Ductus venosus	1.87		0.54		PSV=41.97 Normal waveform Pattern

HEAD

Midline falx seen.
Both lateral ventricles appear normal 5.8 mm
The cerebellum and cisterna magna 2.5 mm are normal.
No intracranial calcification is identified.

SPINE

Entire spine visualized in longitudinal and transverse axis.
Vertebrae and spinal canal appear normal.
No evidence of neural tube defect is noted.

NECK

No cystic lesion seen around the neck.
The Nuchal fold thickness measures 2.7 mm.

FACE

Fetal face seen in the coronal and profile view.
Both Orbits, nose and mouth appeared normal.

Equipped with: •Whole Body CT Scan •Ultrasound •Color Doppler •Echo Cardiography •X-ray
•Pathology •ECG •EEG •PFT •TMT

FOR HOME COLLECTION, PLEASE CALL: +91-7311189871, 7311189872 THIS IS NOT FOR MEDICO-LEGAL PURPOSE

ALL MODERN MACHINES HAVE THEIR OWN LIMITATIONS. IN CASE OF ANY DISCRIPANCY, THE PROCEDURE CAN BE
REPETED OR RE-EVALUATED. REPETED OR RE-EVALUATED IMPRESSION IS A PROFESSIONAL OPINION AND NOT A DIAGNOSIS.

THE JURISDICTION FOR ALL KIND OF DISPUTES RELATED WITH THIS INSTITUTION WILL BE UNDER THE JURISDICTION AREA OF DISTRICT COURT GONDA





Accuracy Matters...



Barcode No	85994455	Lab No	00012403171804
Patient Name	Mrs.ROOPALI SINGH	Reg Date	17/Mar/2024 10:22AM
Age/Sex	30 YRS/Female	Sample Coll. Date	17/Mar/2024 10:22 AM
Referred By	DR. ANJU AGARWAL	Sample Rec.Date	17/Mar/2024 10:34 AM
Client Code/Name	AP031680 Logiq Imaging and Diagnostics By Spektrum Medivision Pvt Ltd		
Ref. Lab/Hosp		Report Date	17/Mar/2024 05:12PM
Panel Address	Hotel White Stone Ground Floor Opp. Lohia Dharamshala Station Road Gonda,UP		

IMMUNOLOGY SPE

Test Name With Methodology	Result	Unit	Biological Ref.Interval
Quadruple Test			
AFP. <small>Chemiluminescent immunoassay (CLIA)</small>	54.86	ng/ml	
uE3 <small>Chemiluminescent immunoassay (CLIA)</small>	1.843	ng/mL	
Beta Hcg Titer <small>Chemiluminescent immunoassay (CLIA)</small>	35901	mIU/mL	
Inhibin A. <small>Chemiluminescent immunoassay</small>	153.6	pg/ml	


MULTIPLE OF MEDIAN (MoM) VALUES

Corr MoMs AFP	1.01
Corr MoM uE3	0.99
Corr MoMs Beta HCG	1.40
Corr MoM Inhibin-A	0.80

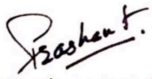
RISK CALCULATION

Age Risk	1:963
Trisomy 21 Screening	1:8750 Negative
NTD Screening	1:24300 Negative
Trisomy 18 Screening	1:99000 Negative

PATIENT DATA	
Date of Birth	01/08/94
Maternal EDD	08/08/24
Gestational Age Based on	USG
Real Gestational Age at Screening Date	19 weeks 3 days
Screening Date	17/03/24
Pregnancy	Single-fetus
IVF Pregnancy	No


 Dr Vikas S. (MBBS, MD, DNB Micro)
 (Consultant Microbiologist)




 Dr Prashant Goyal (DCP)
 (Chief Pathologist)



Accuracy Matters...



Barcode No	85994455	Lab No	00012403171804
Patient Name	Mrs.ROOPALI SINGH	Reg Date	17/Mar/2024 10:22AM
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Panel Address	Hotel White Stone Ground Floor Opp. Lohia Dharamshala Station Road Gonda,UP		

Diabetic
Smoker
Race	Asian

Comments:

Statistical evaluation of Quadruple marker has been done using **Benetech PRA** software.


The test is valid between 15 Weeks to 21 weeks & 6 days of gestation. (optimally performed between 16 and 18 weeks). Quadruple marker test in Second trimester, identifies pregnancies that have a high risk of babies having the following chromosomal abnormalities:

1. NTD (Neural tube defect)
2. Trisomy 21 (Downs syndrome)
3. Trisomy 18 (Edwards syndrome)

Quadruple screening test includes testing for alpha-fetoprotein (AFP), human chorionic gonadotrophin (hCG), unconjugated estriol (uE3), and inhibin A. High AFP levels may indicate that the baby has an open neural tube defect. over than normal AFP levels could indicate that a woman is at higher risk for having a baby with Down syndrome. Levels of hCG and Inhibin-A are higher than normal when a woman has an increased risk of having a baby with Down syndrome. Lower than normal levels of Estriol may also indicate that a woman is at high risk for having a baby with Down syndrome.

This Screening test is NOT a diagnostic test (it cannot tell whether the baby has any of the above conditions); it only identifies the risk of the baby being affected. A confirmatory test may be needed when the screening test is positive (high risk). About 5 percent of women have a false-positive result, meaning that the test result is positive but the baby does not actually have Down syndrome.

The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical.


Dr Vikas S. (MBBS, MD, DNB Micro)
(Consultant Microbiologist)




Dr Prashant Goyal (DCP)
(Chief Pathologist)

Accuprobe Healthcare & diagnostics Pvt Ltd.

QUADRUPLE MARKER

Patient Name: Mrs. ROOPALI SINGH
Race: INDIAN
Physician:

Code: 85994455
DOB: 01/08/94
Reported: 17/03/24

CLINICAL INFORMATION

Estimation Method: by U/S (19 wks 2 days on 16/03/24)
Age at Term: 30.0 years
EDD: 08/08/24
Gestation: Singleton
Maternal History:
Gestational Age: 19 weeks 3 days
Referring Lab #: 85994455
Specimen Code: 85994455
Specimen Date: 17/03/24
Received Date: 17/03/24
Weight: 64.0 kg
Screening Status: Initial sample
Para / Gravida: 0 / 0

REMARKS

Down Syndrome

The risk of Down syndrome is LESS than the screening cut-off. No follow-up is indicated regarding this result.

NTD

The maternal serum AFP result is NOT elevated for a pregnancy of this gestational age. The risk of an open neural tube defect is less than the screening cut-off.

Trisomy 18

These serum marker levels are not consistent with the pattern seen in Trisomy 18 pregnancies. Maternal serum screening will detect approximately 60% of Trisomy 18 pregnancies.

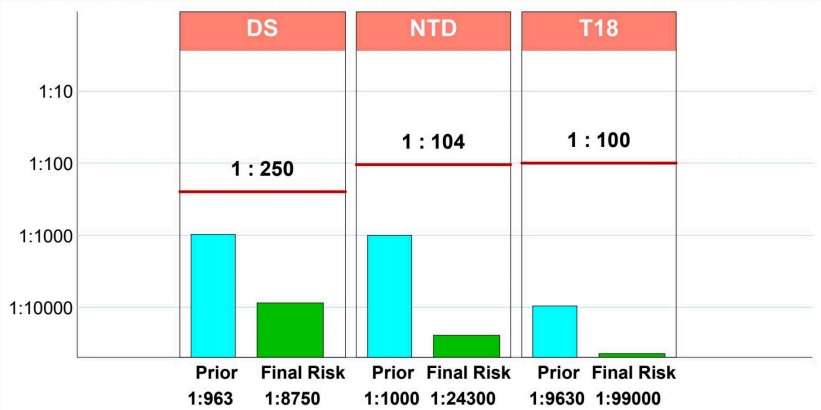
BIOCHEMISTRY

MARKER	RESULT	MoM
AFP	54.8 ng/mL	1.01
uE3	1.84 ng/mL	0.99
hCG	35901.0 mIU	1.40
Inhibin A	153.6 pg/ml	0.80

INTERPRETATION

Down Syndrome: Screen Negative
NTD: Screen Negative
Trisomy 18: Screen Negative

CLINICAL RESULTS (at term)



The calculated risk by Benetech depends on the accuracy of the information Provided by the referring physician. Please note that calculation are statistical approaches and have no diagnostic value.

Report Validated by DR
PRASHANT GOYAL

(51)

हृदयरोग विज्ञान विभाग
DEPARTMENT OF CARDIOLOGY

दू. भा./T.No. 3365525
वि./EXT. 310

डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

कलर डॉपलर इकोकार्डियोग्राफी रिपोर्ट
COLOUR DOPPLER ECHOCARDIOGRAPHY REPORT

नाम
Name *Roopali Singh*
दिनांक
Date *25/1/21*
रोगी का प्रभारी डाक्टर:
Referred by

आयु/लिंग
AGE/SEX *26y 1f*
इको. सं.
Echo No. *1061*
बी.एस.ए.
BSA
ताल (रिट्स)
Rhythm

रोगवृत्त
CLINICAL DIAGNOSIS

माइट्रल वाल्व
MITRAL VALVE

ए एम एल
AML

डी ई विस्तार
DE Excursion

ई एफ ढाल (स्लॉप)
E.F. Slope

भ्रंश
Prolapse

त्रिकपदी वाल्व

TRICUSPID VALVE

स्थूलता
Thickness

डी ई विस्तार
DE Excursion

ई एफ ढाल
E.F. Slope

AROTIC VALVE

स्थूलता
Thickness

विभाग
Opening

संवरण रेखा
Closure line

PULMONARY VALVE

स्थूलता
Thickness

"ए" तरंग
"A" Wave

ई एफ ढाल
E.F. Slope

मध्य प्रकुचन अंगिका
Mid Systolic notch

पी 1/2 टी
P1/2 T
एम बी ए
MVA
टी एम जी (माध्य)
TMG (Mean)

पी 1/2 टी
P1/2 T
अधिकतम प्रवणता
Peak Gradient

अधिकतम प्रवणता
Peak Gradient

ए बी ए
AVA

पी ए दाब
PA Pressure
पी.पी.जी.
P.P.G.

Tail leaflet

[कृ.पू.उ.]
[P.T.O.]

वाम हृदयनिलय भित्ति

LEFT VENTRICULAR WALL

स्थूलता (ई.डी.)

Thickness (E.D.)

गति

Motion

इंटरसेंट्रीकुलर सेप्टम

INTERCENTRIC SEPTUM

स्थूलता (ई.डी.)

Thickness (E.D.)

गति

Motion

आयाम

DIMENSIONS

एल.ए.डी.

L.A. Diameter 3.2

ए.ओ.डी.

A. O. Diameter 2.2

एल.वी.आई.डी. (डी.)

L.V.I.D. (D) 4.3

आर.वी.आई.डी.

R.V.I.D.

आर.वी.ओ.टी.

R.V.O.T.

इन्डाइसिस

INDICES

माइट्रल अन्तः प्रवाह डॉपलर

Mitral Inflow Doppler

ई/ए अनुपात

E/A Ratio

एफ.एस.का प्रतिशत

F.S (%)

ई.एफ.प्रतिशत

E.F (%)

हृदयावरण

PERICARDIUM

2 डी. ईको

2D ECHO

डॉपलर

Doppler

कलर फ्लो

Colour flow

सार

Summary

(ई.एस.)

(E.S.)

(ई.एस.)

(E.S.)

एल.वी.आई.डी. (एस.)

L.V.I.D. (S) 3.1

ई ए
E A

① Chamber Dimension

NO RWMA

EF - 60%

ASD patch seen in C2

No flow across at

Mild PR

RUSP ismthly

Septal STL seen restricted

No clot ICS/ly

No Intact IAS/IVS

Abhinav

विश्लेषक
ANALYST

Operation: 1 ASD closure(pericardial patch) with Mitral cleft repair

Date of Surgery: 15/07/2021

Findings: Situs Solitus, levocardia, Innominate present
Aorta small, PA enlarged and tense(PG/MG:66/54mmHg)
Normal pulmonary and systemic venous drainage.
Ostium primum ASD(4x2cm)
AML cleft present, redundant tricuspid septal leaflet
Rt pleura open, Lt pleura intact
Pericardium closed over Aorta

Pre-Op Rhythm: NSR

Post-Op Rhythm: NSR


Procedure: Median sternotomy and pericardiotomy done. pericardial patch harvested and systemic heparinization done, aorto-bicaval cannulation done, patient taken on total CPB, aorta cross clamped, antegrade cold blood cardioplegia+adenosine given, IVC & SVC snugged. RA opened. and findings noted as mentioned above. Anterior mitral leaflet cleft repaired with prolene 5-0 interrupted sutures. Saline testing of mitral valve done. Pericardial patch closure of ASD done using prolene 5-0 sutures (interrupted around tricuspid, rest continuous). Rewarming started slowly. cross clamp removed after de-airing and root vented. RA closed by 5-0 prolene. Patient weaned off from CPB, heparin reversed with protamine & decannulation done. hemostasis achieved. Two ventricular pacing wires placed. Pericardium closed over aorta. Placing 1 Pericardial drain and 1 retrosternal drain, 1rt pleural drain. Sternotomy closed with Ethibond 5-0 suture. Wound closed in layers. Patient shifted to ICU in haemodynamically stable condition **TEE - mild MR**

Advice: Steam inhalation, chest physiotherapy. No restriction of daily activity such as bathing/walking.

Treatment

Tab Lasilactone (20/50) 1 tab BD OD	Tab. Ciplox 500 mg BD x 7 days
Tab Cenvas 2-5mg BD	Tab. Pantop 40 mg OD x 7 days
	Tab. Ultracet 1 Tab x TDS x 5 days then SOS
	Syp. Bromhexine 10 ml x TDS

Review in CTVS OPD after one week on Monday/Wednesday/Thursday at 2 PM in room no. S5,6,7


Dr. (Prof) V. Grover

Head, Department of CTVS

ABVIMS & Dr. R.M.L. Hospital


Senior Resident

Department of CTVS

ABVIMS & Dr. R.M.L. Hospital



PH.: 011-23404040, 23365525

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली - 110001
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001

बाह्य पंजीकरण कार्ड
OPD Registration Card

बा० रो० प्रि० पंजीकरण सं० 20210242205
OPD Regd. No. : दिनांक/Date 01/06/2023 के० सं० स्वा० यो० कार्ड सं० CGHS Token No. :

निदानशाला/Clinic : CTUS

कमरा सं०/Room No. :

यूनिट/Unit :

दिन /Days.

रोगी का नाम
Patient Name ROOPALI SINHA

आयु /Age: 26

वर्ष /Years 3

माह /Month

लिंग /Sex : Female

निदान
Diagnosis :

for 1 Ankle + clp Ankle
Knee

no further need

Adv.

Adv.

Adv.

Ankle Knees

डॉ० (प्रो०) विजय घोष / Dr. (Prof.) Vijay Ghosh
एम.एस. एन.सी.एन. (आर.एन.सी.) / M.S., (N.C.S.)
एम.ए.एस. (आर.एन.सी.) / M.A.S. (N.C.S.)
परमविद्यार्थी (आर.एन.सी.) / Postgraduate (N.C.S.)
इसका पूरा संपर्क: 011-23404040, 23365525
अभियंता ए: डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली-110001
A.B.V.I.M.S. & Dr. R.M.L. Hospital, New Delhi-110001
एस्पताल-110001

नोट : आप ऑनलाइन पंजीकरण प्रणाली (ओआरएस) - ors.gov.in के माध्यम से ओपीडी अपॉइंटमेंट प्राप्त कर सकते हैं और घर पर ओपीडी पर्चा प्रिंट कर सकते हैं।

Note : You can get OPD appointment and print opd slip at home through online registration system (ORS) - ors.gov.in

जब भी अस्पताल आएँ इस कार्ड को अपने साथ अवश्य लाएँ।

Always bring this card with you when you come to Hospital.

प्युपान आपके एवं अन्यो के स्वास्थ्य के लिए हानिकारक है।

Smoking is Injurious To Your & Others Health.

निजी अस्पतालों में मुफ्त इलाज के लिए ई डब्ल्यू एस रोगियों को भेजने की सुविधा यहाँ उपलब्ध है।

The Facility of referral of EWS Patients to private hospital for free

treatment is available here.

समतुल्य जेनेरिक दवाओं को भी जारी किया जा सकता है।

Equivalent generic Medicines can also be issued.

आप टेलीमेडिसिन के माध्यम से अपने चिकित्सक से अपने घर से परामर्श ले सकते हैं अधिक जानकारी के लिए कृपया देखें rmlh.nic.in

You can consult your doctor through telemedicine from your home for more detail please visit rmlh.nic.in

मच्छर पैदा न होने दें।

कुलरो को सप्ताह में एक बार साफ करके सुखाएं।

पानी की टंकियों व हीटिंगों के ढक्कन सही प्रकार से बंद रखें।

चिड़ियों के पानी पीने के बर्तन का पानी प्रतिदिन बदलें।

फेंगशुई पौधों/मनी प्लांट का पानी प्रतिदिन बदलें।

पुराने डिब्बों, टायरों, टूटे यमलों व कबाड आदि जिनमें बरसात का पानी

रुक सकता है, खुले में न रखें।

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-1
CARDIO THORACIC & VASCULAR SURGERY DEPARTMENT

Phone No.:- 011-23404609/23404480

Name: Roopali singh		Age/Sex: 26 years/Female
Address: 2/627, buddhi vihar. awas vikas, Moradabad. UP		
CR No: 202133556	CTVS No: 178/13/15/07/21	Mob- 9410614604
DOA: 12/07/2021	DOO: 15/07/2021	DOD: 20/07/2021
Blood Group: "B" Rh-Positive	Weight.: 47.8 KG	

Discharge Summary

Diagnosis ACHD.ostium primum ASD.Mitral valve cleft,mild TR ,NSR

Investigations

ECG: NSR

X-Ray Chest: Bilateral lung fields and CP angle clear

2D-Echo: situs solitus, levocardia, AV-VA-concordance, NREGA,Ostium primum ASD (2cm),mod TR, (rvsp-52), mod MR,left sided Aortic Arch, Two jets cleft MV, Complete AVSD

CATH- B/L SVC,lt sided aortic arch, Qp/Qs 2.01, PA-90/30/ LVED-8mm Hg, Coronaries-N- AVSD

OPERATION NOTES

Name: Roopali Singh Age/Sex: 26 years/Female CR No: 202133556
Blood Group: B⁺ Rh-positive Weight: 47.8 KG CTVS No: 178/13/15/07/2021
Diagnosis: ACHD, ostium primum ASD, Mitral valve cleft, mild TR, NSR
Operation: ASD closure (pericardial patch) with Mitral cleft repair
Surgeons: Dr. (Prof.) N. S. Jhajhria, Dr. Gazanfar, Dr. Manish
Anesthetists: Dr. Ramesh, Dr. Souvik, Dr. Nupoor
Perfusionist: Mr. Jagdish
Scrub Nurse: Najma, Maheshwari
Date of Surgery: 15-07-2021

Perfusion Data: Height: 158 cm Weight: 47.8 KG BSA: 1.46 m²
Aortic Cannula: 20 Fr Venous Cannulae: SVC 20 Fr (Ang), IVC 30 Fr (straight)
ACC Time: 71 minutes CPB time: 110 minutes Flow: 3.5 L/Min
Oxygenator: Sorin Temperature: Cooled to 29.5 °C

Cardioplegia: 1000 ml delNido cardioplegia delivered through aortic root

Findings:

Situs Solitus, levocardia, Innominate present
Aorta small, PA enlarged and tense (PG/MG: 66/54 mmHg)
Normal pulmonary and systemic venous drainage.
Ostium primum ASD (4x2 cm)
AML cleft present, redundant tricuspid septal leaflet
Rt pleura open, Lt pleura intact
Pericardium closed over Aorta

Pre-Op Rhythm: NSR

Post-Op Rhythm: NSR

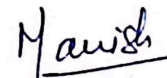
Procedure: Median sternotomy and pericardiotomy done, pericardial patch harvested and systemic heparinization done, aorto-bicaval cannulation done, patient taken on total CPB, aorta cross clamped, antegrade cold blood cardioplegia + adenosine given, IVC & SVC snugged, RA opened, and findings noted as mentioned above. Anterior mitral leaflet cleft repaired with prolene 5-0 interrupted sutures. Saline testing of mitral valve done. Pericardial patch closure of ASD done using prolene 5-0 sutures (interrupted around tricuspid, rest continuous). Rewarming started slowly, cross clamp removed after de-airing and root vented. RA closed by 5-0 prolene. Patient weaned off from CPB, heparin reversed with protamine & decannulation done, hemostasis achieved. Two ventricular pacing wires placed. Pericardium closed over aorta. Placing 1 Pericardial drain and 1 retrosternal drain, 1 rt pleural drain. Sternotomy closed with Ethibond 5-0 suture. Wound closed in layers. Patient shifted to ICU in haemodynamically stable condition

TEE- mild MR
post-op



Dr. (Prof.) N. S. Jhajhria

Dr Gazanfer


Dr. Manish