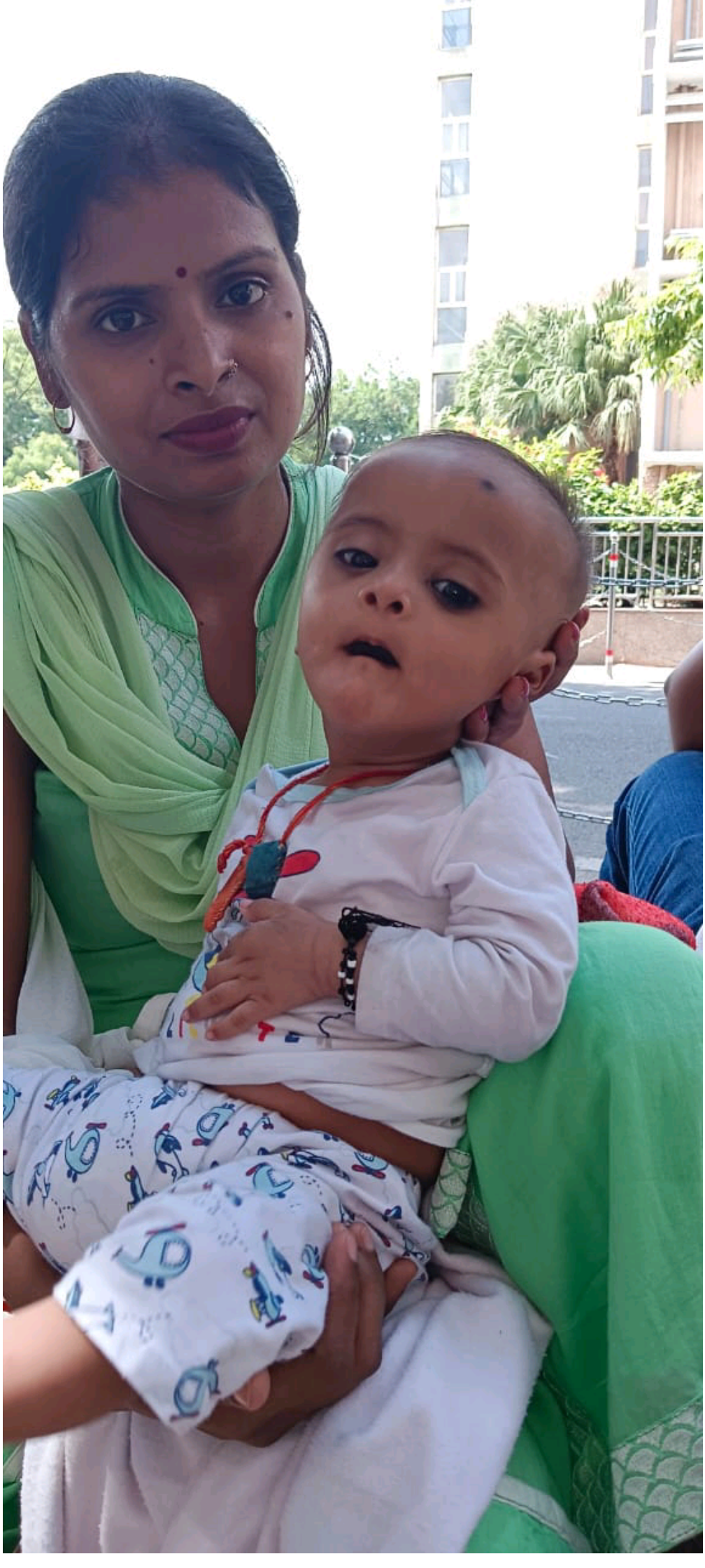


SHYAM CHILDREN & MATERNITY CENTRE

(A Unit of Shyam Medicare Pvt. Ltd.)

C-15, New Azad Nagar, Kalyanpur, Kanpur • Ph. : 0512-2574141, 7897253333

Birth Report

Serial No. 16174

Date 13/2/24

This is to certify that a new born baby was born to Smt. Usha Chaurasia

wife of Sri. Ritesh Kumar Chaurasia

address U.P. Motijheel Nagara Fatehpur

at 2:54 Hrs. on 10/10/2024 Under the Supervision of

Dr. M. Dixit Birth Weight 2.235 Sex M/C

SHYAM CHILDREN & MATERNITY CENTRE
C-15 New Azad Nagar
Kalyanpur Kanpur
PH. 0512 2574141 7897253333

Auth. Signatory

(To be produced at Kanpur Nagar Nigam Office within 7 days and obtain Official Birth Certificate)

भारत सरकार

Government of India

रीतेश कुमार चौरसिया

Reetesh Kumar Chaurasia

जन्म तिथि/DOB: 10/07/1986

पुरुष/ MALE

3056 6701 7767

VID : 9160 6542 4937 2605

मेरा आधार, मेरी पहचान

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
S/O केशन पाल, 160, फतेहपुर मतीहा, असोथर, फतेहपुर,
उत्तर प्रदेश - 212620

Address:
S/O Keshan Pal, 160, Fatehpur Mathiha,
Asothar, Fatehpur,
Uttar Pradesh - 212620

QR Code with Photograph

3056 6701 7767

VID : 9160 6542 4937 2605

1947

help@uidai.gov.in

www.uidai.gov.in

Shripad Heart Centre

Dr. Shripad | MBBS., MD, DM. (CARDIO.)
Consultant, Interventional Cardiologist

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

Patient Name	**:- B/O Usha Chaurasia**	**18-Oct-24 1:59 PM**
Age/Sex	**:- 08 Days/Male**	
Referring Physician	**:- Dr. K.K. Dokania**	
Consultant Cardiologist and Reported By :-	**DR. Shripad Khairnar**	
Indication :-	**Respiratory Distress**	
ECG :-	**------**	

REPORT

- *Situs solitius levocardia.*
- *Normal systemic and pulmonary venous drainage.*
- *Normally related great arteries.*
- *AV -VA concordance.*
- *Confluent and adequate size pulmonary arteries*
- *No PS/No*
- ***Small PDA 1.0 mm left to right shunt.***
- *Intact IVS/IAS.*
- ***OS-ASD 2.5mm left to right shunt.***
- *Normal Biventricular function.*
- *Mitral valve, pulmonary valve, tricuspid valve & aortic valve are normal.*
- ***Mildly Dialted RA & RV.***
- *No patent ductus arterious.*
- *Left sided arch/ No COA.*
- *No clot / vegetation/PE.*
- *IVC 3.0 mm with normal respiratory variation.*

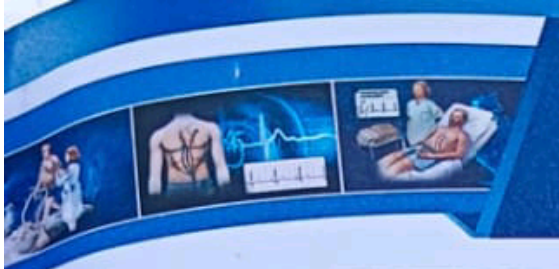
Impression: ACHD/OS-ASD/Small PDA[Left to right shunt].

Advice: Indomethacine Trial, Review Echo after 3 month.

Dr. Shripad
M.D (Medicine), MAMC New Delhi
DM (Cardiology), RML Hospital New Delhi

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

The Gastro-Liver Hospital
Address:-7/190, D-1,2,3, Swaroop Nagar Old Sales Tax Rd. Kanpur-208002
Contact : +91 8448624620, 8707348104
E Mail Id: glhcardiowing@gmail.com



Shripad Heart Centre

Dr. Shripad

MBBS., MD, DM. (CARDIO.)
Consultant, Interventional Cardiologist

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

Patient Name	:- Mast. Prince	19-Feb-25 3:58 PM
Age/Sex	:- 4 Months/Male	
Referring Physician	:- Dr. K.K. Dokania	
Consultant Cardiologist and Reported By :- DR. Shripad Khairnar		
Indication :- Follow-Up Case of ASD & PDA		
ECG :- ------		

REPORT

- *Situs solitius levocardia.*
- *Normal systemic and pulmonary venous drainage.*
- *Normally related great arteries.*
- *AV -VA concordance.*
- *Confluent and adequate size pulmonary arteries.*
- *No PS/No PDA.*
- *Intact IVS/IAS.*
- ***OS-ASD 1.7mm left to right shunt.***
- *Normal Biventricular function.*
- *Mitral valve, pulmonary valve, tricuspid valve & aortic valve are normal.*
- *No patent ductus arterious.*
- *Left sided arch/ No COA.*
- *No clot / vegetation/PE.*
- *IVC 3.0 mm with normal respiratory variation.*

Impression: ACHD/OS-ASD 1.7mm left to right shunt.

Advice: Review Echo after 1 year.

Dr. Shripad
M.D (Medicine), MAMC New Delhi
DM (Cardiology), RML Hospital New Delhi

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

The Gastro-Liver Hospital
Address:- 7/190, D-1,2,3, Swaroop Nagar Old Sales Tax Rd. Kanpur-208002
Contact : +91 8448624620, 8707348104
E Mail Id: glhcardiowing@gmail.com

BABY OF PRINCE

Patient ID: 27491520250219 Accession #: Alt ID:

DOB: Age: Gender: Ht: Wt: BSA:

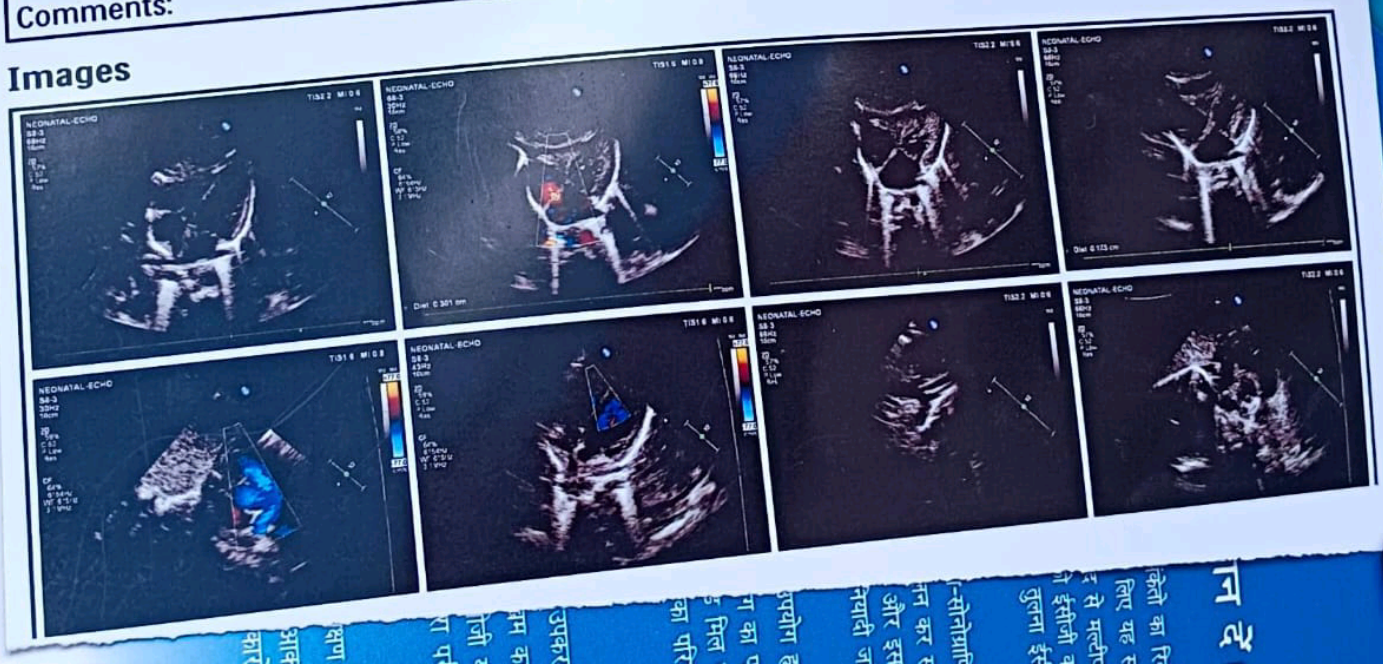
Institution: GASTRO LIVER HOSPITAL

Referring Physician: Performed By:

Physician of Record:

Comments:

Images



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

UHID:	108317618	Sex :	Male
Patient Name :	Mr. PRINCE PRINCE	Sample Received Date :	14-May-2025 14:21 PM
Age :	7m 6d	Department :	Cardiology
Lab Name:	Dept of Laboratory Medicine	Lab Sub Centre:	Smart Lab New OPD Block
Reg Date :	14-May-2025 14:21 PM	Sample Collection Date:	14-May-2025 10:44 AM
Recommended By:	Dr.	Lab Reference No:	2515766942

Sample Details : LH14052501033 — Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (Spectrophotometry)	11.10	g/dL	11.1 - 14.1
Hematocrit (Direct Measure)	36.60	%	30 - 40
RBC count (Impedance)	4.40	10^6/µL	4.1 - 5.3
WBC count (Flow flow cytometry)	7.72	10^3/µl	6.0 - 18.0
Platelet count (Impedance)	433.00	10^3/µL	200 - 550
MCV (Calculated)	83.20	fL	68 - 84
MCH (Calculated)	25.20	pg	24 - 30
MCHC (Calculated)	30.30	g/dL	30 - 36
RDW-CV (Calculated)	**15.90**	%	11.6 - 14
Neutro (Flow flow cytometry)	37.10	%	20-40%
Lympho (Flow flow cytometry)	52.20	%	37-73%
Eosino (Flow flow cytometry)	1.80	%	1-4%
Mono (Flow flow cytometry)	7.60	%	2-10%
Baso (Flow flow cytometry)	**1.30**	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	2.86	10^3/µl	1.0-6.0
Lympho - Abs (Calculated)	4.03	10^3/µl	4.0 - 12.0
Eosino - Abs (Calculated)	0.14	10^3/µl	0.1 - 1.0
Mono - Abs (Calculated)	0.59	10^3/µl	0.2 - 1.2
Baso - Abs (Calculated)	0.10	10^3/µl	0.02 - 0.1

----- nd of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
14-May-2025 16:29

This is a computer generated report signature not required

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 2526

CPC 2025/014/0013471
UHID: 108317618
Date 14/05/2025 WED
Name PRINCE
SR Room
Cardiology
Paeds CPC Clinic
7M 4D /M
Consultant Room 15
Prv. Reg. No.

...का विज्ञान केन्द्र
...RO SCIENCES CENTRE
...स्थान, नई दिल्ली-११००२९
...Delhi-110029

#62

27/8/25
R-62
2:00 pm

D/w Dr Ramakrishna
Dr Lamk

दिनांक
Date

C.R./O.P.D. No.

कक्ष
Ward

बिस्तर
Bed

नाम
Name

आयु
Age

लिंग
Sex

विचारार्थ
Ref. by

क्लिनिक डायगनासिस
Clinical Diagnosis Screening ECHO

दवाईयाँ
Drugs

Down syndrome

जांच पड़ताल की माँग
Investigations requested

इको
STI/Echo / Vector / Redionucleiude Study / Others

25/6/25
~~25/6/25~~
~~R-62~~
~~2:00 pm~~

Ramesh Menon
Assistant Prof (Neonatology)

हस्ताक्षर परामर्शदाता
Signature of Consultant

#37 (42)

हृदय - वक्ष एवं विज्ञानतंत्रिका केन्द्र

CARDIO-THORACIC & NEURO-SCIENCES CENTRE

CPC 2025/014/0013471 Cardiology
UHID 108317618 Paeds CPC Clinic (14/2025)
Date 14/05/2025 7M 4D /M
Name PRINCE
S/O RELESH KUMAR CHAURASIA General
Consultant Room 15
SR Room Prv. Reg. No.

एक्सरे - फार्म
X-RAY REQUISITION FORM

आयु Age 7mo लिंग Sex m आय Income

चिकित्सक विभाग Referring Unit Paediatrics

रोगी स्थिति Ambulatory/Non

X-Ray No. _____ Date _____

हस्पताल यू.एच.आई.डी. नं. _____ वार्ड/ ओ. पी. डी. _____

Hosp. UHID No. _____ Indoor/Outdoor _____

Examination Required USG Abdomen (KUB)

चिकित्सक की जांच रिपोर्ट : USG Ganuin

Clinical Information :

- c/o Down syndrome (Trisomy 21)
- c ASD
- c ? hypothyroidism
- c failure to thrive

19/5/25
8:30A (M)

किसी दवा का बुरा प्रभाव

Any History of Allergy _____

अन्तिम माहवारी तिथि

LMP _____

कोई पुराने एक्स-रे

Any Previous X-Rays _____

चिकित्सक के हस्ताक्षर Ramesh Menon

SIGNATURE OF MEDICAL OFFICER

रेडियाग्राफर के लिए Additional Professor Paediatrics (Neonatology)

FOR RADIOGRAPHERS USE

पहचान चिन्ह Identification Mark	कमरा न. Room No.	फिल्म साइज Size & No. of Films	के.वी. KV	एम.ए.एस. MAS
अंगूठा निशान Thumb Impression				
	हस्ताक्षर Signature			

एक्स रे- चिकित्सक
RADIOLOGIST

रिपोर्ट
REPORT

LH14052501033 108317618
LC1405251502 108317618
LH14052501033 108317618
PRINCEPRINCE...

...य वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०
...To आ० सं०, नई दिल्ली-110029
...icic & Neurosciences Centre, O.P.D.
...A.I.I.M.S., New Delhi-110029

40

दिनांक/Date 1/...

विभाग
Deptt. Pae

CPC 2025/014/0013471 30 Cardiology
UHID: 108317618 Paeds CPC Clinic
(14/2025)
Date 14/05/2025 WED
Name PRINCE 7M 4D /M
S/O REETESH KUMAR CHAURASIA
[redacted] General
Consultant Room 15
SR Room
Prv. Reg. No.

उम्र
Age 7 mo.

यू०एच०आई०...
UHID No.

लिंग
Sex m

Diagnosis Down syndrome (Trisomy 21)

Seen in OPD.

Please register to my name
Dr P Ramesh Menon
Additional Prof Paediatrics
(Neurology).

R#100
R#28
WT = 5.065 kg

G CTSC

- T. Eltroxin 5 mcg BBF → 10 mcg after 1wk
- Tab Thyroxine
- forms for TSH/T4/T3
- USG Cranium/Abd given

Ramesh

Please share your feedback to improve our hospital on the Website link: meraaspataa;.nhp.gov.in

- R/v after 6 wks wed/...

Centralized laboratory
Cardiothoracic Neuroscience Center
A.I.I.M.S., New Delhi Phone No. 011-26594866

- 110029

tion form

CPC 2025/01../C013471
UHID: 108317618
Cardiology
Paeds CPC Clinic
(14/2025)

Date 14/05/2025 WED 7M 4D /M
Name PRINCE
S/O RELESH KUMAR CHAURASIA
Consultant 15 SR Room
Address: MATHIA FATEHPUR UTTAR PRADESH INDIA

Date: 14.05.25

16.05.25 -
Please issue report

Ramesh Menon
Additional Prof
Paeds

S.NO	(Tick the entire panel or encircle the required tests in the panel)
1	**CBC / ESR**
2	**LFT** (Total Bilirubin / Direct/ Indirect / SGOT (AST) / SGPT (ALT) / Alkaline Phosphates (ALP) / Albumin / Globulin / Total Protein / Albumin- Globulin ratio)
3	**KFT (**Urea / Creatinine / Sodium / Potassium / Uric Acid / Chloride**)**
4	**LIPID PROFILE** (Total Cholesterol / LDL- Cholesterol / HDL-Cholesterol / VLDL Cholesterol / Triglycerides/ LDL –HDL Ratio
5	**THYROID FUNCTION TEST (**T3/ T4/ TSH/ FT3/ FT4)
6	**HbA1c**
7	**Glucose Fasting / PP**
8	**CRP**
9	**ASO**
10	**Viral Markers**
11	**HORMONES** (Cortisol / Estradiol/ FSH / LH / Intact PTH / Progesterone / Prolactin / Testosterone)
12	**VITAMINS (**Vitamin D3/ Vitamin B12 / Serum folate**)**
13	**DRUGS** (Carbamazepine/ Valproic acid/ digoxin, cyclosporine, tacrolimus/ everolimus/ Phenytoin (Eptoin)
14	**IRON STUDY PANEL** (Iron / TIBC / Transferrin / Ferritin/ % Saturation)
15	**Prothrombin Time / INR / APTT**
16	**Coagulation Factors** (D-Dimer / ATIII, Protein C, Protein S, Factor V Leiden)
17	**Homocysteine**
18	**Cardiac Markers** (NT proBNP / CK/CK-MB/ Troponin T / Myoglobin)
19	**Catecholamines:** Plasma / 24-hour Urine
20	**MISCELLANEOUS TEST:** Fibrinogen / Total PSA /RA Factor /AFP /NMOSD /MOG /Procalcitonin /TotalAmylase /Autoimmune Encephalitis Panel
21	**Any other test (Please mention the name):**

Consultant Signature.....

Ramesh Menon
Additional Prof Paeds
(Neonatology)

/ORGAN DONATION - A GIFT OF LIFE

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

बाल चिकित्सा विभाग
UHID:108317618
Dept No: 20250030017229
कमरा / Room C-217
Queue / लेखा N18
Unit-II, Paediatric
बा०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.
प्रिंसके प्रिंसके / PRINCE PRINCE
S/O REETESH KUMAR CHAURASIA
0Y 8M 17D / M/(पुरुष)
MATHIA FATEHPUR, UTTAR PRADESH, INDIA
General Rs. 0
New Patient
मंगल, शुक्र, Tues, Fri(मंगल, शुक्र)
Reporting: 08:32:08 27/06/2025
आयु Age
पता/Address
GCD 98/25 FNM

निदान/Diagnosis Trisomy 21 / OS - ASD with small PDA / Euthyroid

दिनांक/Date

उपचार/Treatment

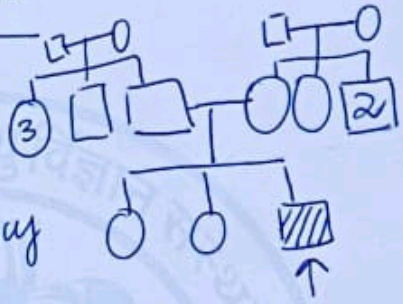
79

5-8Y

outside
14/10/2024
Trisomy 21

S/B Genetics SR

8 mo/M for evaluation
- GDD
- Failure to gain weight } x infancy



NO other similar history

18/10/24 (outside)
OS - ASD 2.5mm
L→R
small PDA

- Antenatal scans told to be normal
- FTLSCS, BW 2.4kg, CIAB
NO NICU stay

14/5/25 (AIIMS)
TSH - 1.36
FT3/FT4 - 1.96/9.0

- Development → No head holding or roll over achieved yet
→ monosyllabic babble (+)
→ Recognises family members
→ turns head to sound

B/L OAE - pass

O/E

HC = 42 cm (-2.23)
WT = 5.8 kg (-3.66)
Flat facial profile
Low posterior hairline
Hypotonia
B/L sandal gap
NO organomegaly
} (+)

Imp - Down syndrome | ACHD | Euthyroid

Plan

- Diet (ROOM 418, A wing) for weight gain
- PMR | OT | PT
- Syp MVBC 2.5ml OD x 3mo
- Syp calamax P 2.5 ml BD x 3mo
- ophthal evaluation (RPC)

F/U in DOWN clinic, monday 2pm

05/Jan/2026

Appointment on.....
for Downs Clinic
Deptt/Clinic.....
1:30pm
Akshita

Chowdhury
Dr. RATNAPRIYA CHOWDHRY
Senior Resident
Department of Medical Genetics
AIIMS, New Delhi

Diet:

- Giving dexdac 2 → 3-4 feeds/day - 4-6 scoops each time + breastfeeds + complementary (v. less quantity)

Adv- complementary food plan given and counselled.

27/6/25