23/8/25 emUSG NAD

डॉ० राम मनोहर लोहिया अस्पताल
(विकिरण विभाग)

Dr. Ram Manohar Lohia Hospital
(Department of Radiology)

एक्सरे/अल्ट्रासाउन्ड की जांच के लिए मांग पत्र
X-RAY/ULTRASOUND REQUISITION

यूनिट का नाम / Name of Unit: P3B

तारीख / Date: 23/8/25

रोगी का नाम / Name of Patient: Anchala

आयु/लिंग / Age/Sex: 6y/F

भेजने वाले डा० का नाम / Refered by:

के०स्वा० योजना कार्ड सं० / C.G.H.S. Card No.: 53914

वार्ड/बा०रो०वि० / Ward/O.P.D.: ECS 3rd floor P3B

रिपोर्ट सं० / Report No.:

संक्षिप्त नैदानिक टिप्पणी / Brief Clinical Notes: c/o abdominal swelling & distention c yellowish discolouration

बिस्तर सं० / Bed No.:

दिनांक / Date:

अपेक्षित जांच / Examination Required: USG W/A for liver ectoteature

अन्तिम निदान / Provisional Diagnosis:

Dr. MU... AAN JAIN, P.G. R... dent, Department of Pediatrics, ABVIMS ... Hospital

चिकित्सक के हस्ताक्षर / *Signature of Clinicians*

एक्सरे/अल्ट्रासाउन्ड रिपोर्ट
X-RAY/ULTRASOUND REPORT

Liver: 13.5cm, enlarged
Normal echotexture
central & peripheral IHBRD

GB = overdistended
lumen echofree. Normal wall thickness

CBD = 17mm, dilated (fusiform) c a distal smooth tapering
PV = 3.8mm

Pancreas - visualised part of head & body normal
Rest obscured

Spleen = 13cm, Enlarged

IA - Soft cluster
No free fluid 6cm / 3cm

UB = empty
Porta ...

Imp = hepatosplenomegaly
c overdistended GB
& fusiform dilatation of CBD with a distal smooth tapering and upstream

विकिरण विज्ञानी के हस्ताक्षर / *Signature of Radiologist*

- Tab B- complex

ADVICE AT DISCHARGE : 13.3kg

- Tab multivitamin - 1 tab OD 24/8
- ~~Cap~~ Vitamin A 25k IU 1cap OD
- ~~Syp~~ or D3 (800IU/ml) 1ml PO OD
- ~~Cap~~ Evion 400 mg 1 cap OD
- ~~Tab~~ immadione 10mg 1tab weekly
- ~~Syp zinc 20mg/5ml 5ml PO OD~~
- Tab Udiliv 150 mg ½ tab PO BD
- Syp lactulose 10ml HS OD
- Tab B- complex 1tab BD
- Follow up in pediatric gastroenterology OPD 2nd floor on Wednesday @2.00 pm
- Follow up in pediatric surgery OPD 3rd floor with MRCP report

SIGN OF SR

SIGN OF DR

Dr. Shilpa Khanna Arora
MD (Peds), DM (Gastro, Oncology)
Professor
Department of Pediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

Hyd

GOVERNMENT OF INDIA

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001
DEPARTMENT OF PAEDIATRICS
Discharge report

[illegible] kumari	UNIT: P3B
AGE/SEX: [illegible] Female	UNIT INCHARGE: Dr Alok Hemal,Dr . Shilpa Khanna
CR NO: [illegible]	DOA: [illegible]/2025 , DOD: [illegible]/2025
ICU/BED: [illegible] Bed [illegible]	ADDRESS: [illegible], purbi champaran, Bihar

FINAL DIAGNOSIS: Chronic liver disease under evaluation

CLINICAL HISTORY : child was admitted with c/o
Yellowish discoloration of eyes x 20 days
Abdominal distention x [illegible] days associated with dull aching pain abdomen
Yellowish discoloration of eyes was gradually progressive and associated with high coloured Urine since [illegible] itching all over the body, not associated with altered [illegible] behaviour, bleed from any site [illegible]. Apraxia [illegible]
[illegible]
Not associated with decreased urine output/ facial puffiness/ swelling of limbs/ no generalised body swelling

No h/o fever/ cough/ cold/ fast breathing/ ear discharge/ loose stools/ nausea/ vomiting/ abnormal body movement/ rash

Past history: H/o abdominal distention with pain for 2-3 days → underwent appendicular lump surgery in December 2024 (documents NA) → developed jaundice with high colored urine in Feb 2025 → itching and progressive abdominal distention with weight loss in may 2025

Birth and Antenatal history : Single , term/SVD/Home delivery/ [illegible] No [illegible]
Immunization history : immunized till 2 years of age according to parents (documents NA)
Nutritional history : Patient's intake is inadequate in both calories and protein
Family history : Non consanguineous marriage/ no h/o TB or similar complaint in other family members
Developmental history : developmentally normal as per age

ON EXAMINATION:
General condition : [illegible]
HR: [illegible]/min
RR: [illegible]/min
SpO2: [illegible]% under RA
[illegible]
PP/PT : normal
CRT <3 s
BP: [illegible] mm hg
Head to toe: [illegible]

GOVERNMENT OF INDIA

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI 110001
DEPARTMENT OF PAEDIATRICS
Discharge report

Anchala kumari	UNIT P3B
AGE/SEX 6year/ Female	UNIT IN-CHARGE Dr Alok Hemal,Dr. Shilpa Khanna
UR NO 302553914	DOA 22/08/2025 DOD- 27/08/2025
WARD UCS third floor	ADDRESS Barhawa Lakhan seri purhi champaran Bihar

FINAL DIAGNOSIS: Chronic liver disease under evaluation

CLINICAL HISTORY child was admitted with c/o
Yellowish discoloration of eyes x 70 days
Abdominal distention x 10 days associated with dull aching pain abdomen
Yellowish discoloration of eyes was gradually progressive and associated with high colored Urine since 2weeks, itching all over the body, not associated with altered sleep/no altered behavior/bleed from any site/no asterixis/ Apraxia /no other stigmata of CLD
Not associated with decreased urine output/ facial puffiness/ swelling of limbs /no generalized body swelling

No h/o fever/ cough/ cold/ fast breathing/ear discharge/loose stools/nausea/ vomiting/abnormal body movement/ rash

Past history: h/o abdominal distention with pain for 2-3 days →underwent appendicular lump surgery in December 2024 (documents NA) →developed jaundice with high colored urine in Feb 2025 → itching and progressive abdominal distention with weight loss in may 2025.

Birth and Antenatal history – Single / term/NVD/Home delivery/ CIAB/ No h/o neo stay –
Immunization history: immunized till 2 years of age according to parents (documents NA)
Nutritional history – Patient's intake is inadequate in both calories and protein
Family history – Non consanguineous marriage/ no h/o TB or similar complaint in other family members
Developmental history: developmentally normal as per age

ON EXAMINATION
General condition – Avg
HR 110/ min
RR 24/min
SpO2: 98% under R.A
Ext-warm
PP/PV +/ normal
CRT <3 s
BP: 107/68 mm hg
Head to toe- frontal bossing+

-3914

DATE	23/8/25				
Hemoglobin	8.2				
TLC	11670				
DLC	57/36/4/3				
Platelet Count	3.61 lac				
Reti Count					
Hematocrit					
MCV	74				
CRP					
Urea	15				
Creatinine	0.32				
TB/DB	10.32/5.98				
SGOT/SGPT	128/51				
ALP GGT	139				
T.Prot/Albumin	7.8/2.9				
AG Ratio					
Sodium					
Potassium					
Calcium					
Phosphorus					
Uric Acid					
Blood C/S					
Urine C/S					
Amylase Lipase					
PT/INR	31.1/278				
APTT					
D DIMER					
Fibrinogen					
Urine R/M					

DATE	
Iron	
TIBC	
UIBC	
%SAT	
DCT/ICT	
LDH	
VIT B12	
FA	
VIT D3	
PTH	
Cholesterol	
HDL	
LDL/VLDL	
Triglycerides	
HIV	
HBSAG	NR
ANTI HCV	
MTX	
GA AFB	
GA CBNAAT	
MCT	
WIDAL	
TYPHIDOT	
LEPTO	
SCRUB TYPHUS	
RK-39 AG	
CPK	
CK MB	

USG = 23/8/25

=> Liver = 13.5 enlarged
Normal echotexture
peripheral IHBRD

=> CBD = 17 mm dilated (fusiform)
smooth tapering

=> Spleen = enlarged

(1) → (318)

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT BT- 12042

Name : Anchala	Age/Sex : 8y 1m	Date : 24/8/24
CR/REGD. No. : 53914	CGHS No. :	OPD/~~IPD~~ : ECS - 3rd floor
Clinical Diagnosis :		
Unit Incharge :	Signature : Dr. MUSKAAN JAIN P.G. Resident Department of Paediatrics ABVIMS & Dr. RML Hospital New Delhi-01	

1. Blood Sugar : Blood C/U

F : ..... mg/dl(70-110)

PP : ..... mg/dl(90-160)

R : ..... mg/dl(70-140)

2. Kidney Function Test :

Urea : ..... mg/dl(15-45)

Creatinine : ..... mg/dl(0.6-1.2)

Uric Acid : ..... mg/dl(2.5-6.0)

3. Liver Function Test :

Total Bil : ..... mg/dl(0.3-1.2)

Direct Bil : ..... mg/dl(0.1-0.3)

In. D. Bil : ..... mg/dl(0.2-1.1)

SGOT : ..... U/L (15-50)

SGPT : ..... U/L (15-50)

Alk. Phos : ..... U/L (50-130)

GGT : ..... U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : ..... gm/dl (6.0-8.0)

Albumin : ..... gm/dl (3.5-5.5)

Globulin : ..... gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)

HDL Chol. : ..... mg/dl(30-65)

LDL Chol. : ..... mg/dl(50-150)

VLDL Chol. : ..... mg/dl(upto 40)

Triglyceride : ..... mg/dl(50-200)

6. S. Electrolytes :

Sodium : ..... mmol/L (130-150)

Potassium : ..... mmol/L (3.5-5.5)

Chloride : ..... mol/L (95-110)

Calcium : ..... mg/dl (8.5-10.5)

Phosphorus : ..... mg/dl (2.5-5.5)

7. Cardiac Profile :

CK- MB : ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT : ..... U/L (15-50)

8. Iron Profile :

T. Iron : ..... µg/dl (60-150)

TIBC : ..... µg/dl (250-400)

UIBC : ..... µg/dl (150-250)

Saturation : ..... % (20-35)

9. Others :

S. Amylase : ..... U/L (30-110)

S. Lipase : ..... U/L (23-300)

S. Magnesium : ..... mg/dl (1.6-2.3)

Ammonia (NH_3) : ..... µmol/L (9-30)

Lactate : ..... mmol/L (0.7-2.1)

BIOCHEMIST

डॉ० राम मनोहर लोहिया अस्पताल
(विकिरण विभाग)

Dr. Ram Manohar Lohia Hospital
(Department of Radiology)

एक्सरे/अल्ट्रासाउन्ड की जांच के लिए मांग पत्र
X-RAY/ULTRASOUND REQUISITION

यूनिट का नाम Name of Unit P3B

तारीख Date 23/8/25

नाम Name

आयु/लिंग Age/Sex

रोगी का नाम Name of Patient Anchala

आयु/लिंग Age/Sex 6y/F

भेजने वाले डा० का नाम Refered by

के०स०स्वा० योजना कार्ड सं० C.G.H.S. Card No. 53914

वार्ड/वा०रो०वि० Ward/O.P.D. Ecs 3rd floor P3B

रिपोर्ट सं० Report No.

संक्षिप्त नैदानिक टिप्पणी Brief Clinical Notes
c/o abdominal swelling & distention ̄c yellowish discoloration

बिस्तर सं० Bed No.

दिनांक Date

अपेक्षित जांच Examination Required
USG W/A for liver ectotenture

अन्तिम निदान Provisional Diagnosis

Dr. MU... AN JAIN
PG R...dent
Department ... ediatrics
ABVIMS & ... Hospital

चिकित्सक के हस्ताक्षर Signature of Clinicians

विकिरण विज्ञानी के हस्ताक्षर Signature of Radiologist

एक्सरे/अल्ट्रासाउन्ड रिपोर्ट
X-RAY/ULTRASOUND REPORT

23/8/25 emergency USG

Liver : 13.5cm, enlarged
Normal echotexture
central & peripheral IHBRD

GB = overdistended
lumen echofree. normal wall thickness

CBD = 17mm, dilated (fusiform) ̄c a distal smooth tapering
PV = 3.8mm

Pancreas - visualised part of head & body normal
Rest obscured

Spleen = 13cm, Enlarged

IP - Stiff dilated
No free fluid 8-6cm / 3cm

UB = empty

, Porta ...

Imp = hepatosplenomegaly
̄c overdistended GB
& fusiform dilatation of CBD with a distal smooth tapering and upstream

GOVERNMENT OF INDIA
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT BT- 12042

Name : Anchala	Age/Sex : By	Date : 24/8/22
CR/REGD. No : 53914	CGHS No. :	OPD/IPD : ECG - 3 yrs
Clinical Diagnosis :		
Unit Incharge :	Signature : P.G. Resident Department of Paediatrics ABVIMS & Dr. RML Hospital, New Delhi-01	

1. Blood Sugar : Blood C/S

F : ..... mg/dl(70-110)

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In. D. Bil : ..... mg/dl(0.2-1.1)

SGOT : ..... U/L (15-50)

SGPT : ..... U/L (15-50)

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4. S. Proteins :

T Prot : ..... gm/dl (6.0-8.0)

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5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)

HDL Chol. : ..... mg/dl(30-65)

LDL Chol. : ..... mg/dl(50-150)

VLDL Chol. : ..... mg/dl(upto 40)

Triglyceride : ..... mg/dl(50-200)

6. S. Electrolytes :

Sodium ..... mmol/L (136-150)

Potassium ..... mmol/L (3.5-5.5)

Chloride ..... mol/L (95-110)

Calcium ..... mg/dl (8.5-10.5)

Phosphorus ..... mg/dl (2.5-5.5)

7. Cardiac Profile :

CK- MB : ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT : ..... U/L (15-50)

8. Iron Profile :

T. Iron ..... µg/dl (80-150)

TIBC ..... µg/dl (250-400)

UIBC ..... µg/dl (150-250)

Saturation ..... % (20-35)

9. Others :

S. Amylase ..... U/L (30-110)

S. Lipase ..... U/L (23-300)

S. Magnesium ..... mg/dl (1.5-2.5)

Ammonia (NH_3) ..... µmol/L (9-30)

Lactate ..... mmol/L (0.7-2.1)

BIOCHEMIST

-3914

DATE	23/8/25				
Hemoglobin	8.2				
TLC	11670				
DLC	57/36/4/3				
Platelet Count	361 [illegible]				
Reti Count					
Hematocrit					
MCV	74				
CRP					
Urea	15				
Creatinine	0.32				
TB/DB	10.32/5.93				
SGOT/SGPT	128/51				
ALP GGT	139				
T.Prot/Albumin	7.8/2.9				
AG Ratio					
Sodium					
Potassium					
Calcium					
Phosphorus					
Uric Acid					
Blood C/S					
Urine C/S					
Amylase Lipase					
PT/INR	31.1/2.8				
APTT					
D DIMER					
Fibrinogen					
Urine R/M					

DATE	
Iron	
TIBC	
UIBC	
%SAT	
DCT/ICT	
LDH	
VIT B12	
FA	
VIT D3	
PTH	
Cholesterol	
HDL	
LDL/VLDL	
Triglycerides	
HIV	NR
HBSAG	NR
ANTI HCV	NR
MTX	
GA AFB	
GA CBNAAT	
MCT	
WIDAL	
TYPHIDOT	
LEPTO	
SCRUB TYPHUS	
RK-39 AG	
CPK	
CK MB	

USG = 23/8/25

=> Liver = 13.5 enlarged
Normal echotexture
central or peripheral IHBRD

=> CBD = 17mm dilated (fusiform) & smooth tapering.

=> Spleen = enlarged.

[illegible] cho [illegible] normal wall thick [illegible] = [illegible]

- tab B- complex

ADVICE AT DISCHARGE : 13.3kg

- Tab multivitamin 1 tab OD 24/8
- ~~Cap~~ Vitamin A 25k IU 1cap OD
- ~~Syp~~ vit D3 (800IU/ml) 1ml PO OD
- ~~Cap~~ Evion 400 mg 1 cap OD
- ~~Tab~~ minadione 10mg 1tab weekly
- ~~Syp rime (20mg/5ml) 5ml PO OD~~
- Tab Udiliv 150 mg ½ tab PO BD
- Syp lactulose 10ml HS OD
- Tab B- complex 1tab BD
- Follow up in pediatric gastroenterology OPD 2nd floor on Wednesday @2:00 pm
- Follow up in pediatric surgery OPD 3rd floor with MRCP report

SIGN OF CONSULTANT

Dr. Shilpa Khanna Arora
MD (Peds), DM (Pediatric Oncology)
Professor
Department of Pediatrics
ABVIMS & Dr. RML Hospital
New Delhi-110001

SIGN OF SR

Atal Bihari Vajpayee Institute of Medical Sciences and
Dr. Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

Doctor's Daily Assessment Sheet

NAME: Anubha BED NO./WARD: CR NO./UHID 53914

MLC NO. (IF ANY)

DATE & TIME	DAILY NOTES AND TREATMENT	DOCTOR'S SIGN.
	23/8/23	
Hb	8.2	
TLC	11,670	
DLC	57/36/04/03	
Plt	3.69 lakh	
MCV	74	
MCH	21.9	
Urea	25	
Creat	0.32	
TB/DB	10.32 / 5.98	
AST	~~Eq98~~ 128	
ALT	51	
TP/ALB	7.82 / 2.90	

Mob. : 9821233869

JEEVAN CARE FOUNDATION

Address:- 697, Village Madanpur Khadar, New Delhi 110076
Mail- Jeevancarefoundation@gmail.com

Reg No. 92

Ref. No. .....

Date 28-8-2025

सेवा मे
संस्थापक महोदय
जीवन केयर फाउंडेशन

मैं आपसे एक मजदूर बिनती कर रहा हूँ। मैं एक गरीब अपनी बच्ची के लिए आपसे अपनी बच्ची की बचाने के लिए भीख मांग रहा हूँ मैंने बच्चे के इलाज मे जो भी इस गरीब के पास जो कुछ सब लगा दिया है। मेरे पास अब अपनी बच्ची के इलाज के कुछ नही जिससे मैं अपनी बच्ची की मदद कर सकु मै आर्थिक रुप से बहोत ही मजबूर हूँ मेरी बच्ची के जो की RML अस्पताल मे है। मेरी बच्ची बहुत बीमार है। कृपा करके उसका बचाया जाए आप पर यह गरीब हाथ जोड़ कर बिनती करता है। मुझ गरीब पर दया मदरबानी करे मेरी बच्ची को बचाने मे।

प्रार्थी

मनोज

JEEVAN CARE FOUNDATION Reg. No. 92 DELHI