





ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL  
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

नाम/Name Anushka / 7mth / female भवन/शाखा सं/Room/Bed No.

दिनांक/Date प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment आहार/Diet

29/6/24 A/D / large upper muscular V.D / Mild HR /

11:00am MODERATE TR / PAM / I.E. / CHE / O<sub>2</sub> dependency /  
Candida +ve in blood c/s.

All

① O<sub>2</sub> dependency on minimal O<sub>2</sub>.

② Afebrile.

③ Hemodynamically stable.

Plan to  
are for  
Stop  
Amoxicillin  
1000mg

वै.

Vital

HR - 136/w

RA - 56-58/w

CAT - 12sec

SpO<sub>2</sub> - off O<sub>2</sub>

PA - pw aO<sub>2</sub> - 78-80 / 94-95.

वै.  
Chest -

CUS -

CNS -

I/A -

Min/rew  
load/cw.  
8/52 @ m @ -  
2/2ai  
18+ / NT

① O<sub>2</sub>

Inhalate via

② O<sub>2</sub>

flow sensor

+ 0.5ml met. oil

10 @ 24hr

Q 2mly

CVUS bell

7m/F

Amishla

7m/m

HR = 140 bpm

RA = 50 bpm

Sg<sub>v</sub> = 96% at 12/min.

From 4)

Echc. SS, LC, (N) pul. ap. venous drainage.

AV/VA conduction.

NRGA.

RPA dilated.

1.4 cm Vegetation attached + inf. septum  
if pul. Valve.

RSD (9.7mm) + VSD approx 10mm (1mm)

MRA = 14  
RPA = 12  
LPA = 8

pus (C) → Carditis.



- Kindly send Rpt cultures
- Kindly get PAC specimen for the same.

Rautan

SR - 01/11/20



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दिनांक/Date \_\_\_\_\_ प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment \_\_\_\_\_ आहार/Diet \_\_\_\_\_

26/6/2024 Dx: k/c/o ASD + large upper muscular VSD + mild MR  
+ mod. TR + PAM + IE + septic emboli +  
CHF + O<sub>2</sub> dependency + candid. ⊕ in blood c/s

ANUSHKA  
7m/F  
CR: 25894

25/6  
9.5 10,600 2.36h  
P<sub>53</sub>L<sub>40</sub>  
wta/wat = 44/0.3  
T6/D6 = 0.39/0.05  
SGOT/PT = 46/31  
Na<sup>+</sup>/K<sup>+</sup> = 124/3.52  
Gtt = 9.35

Q1: i) O<sub>2</sub> dependency ⊕  
RR = 54/min SpO<sub>2</sub> = 96% L O<sub>2</sub> @ 24/min.  
SpO<sub>2</sub> = 80% ↓ RA  
ii) P/febrile > 48h - on ~~antibiotic~~ <sup>Amphotericin B</sup> D12  
iii) Hemodyn. stable.  
iv) CHF - labix @ 5.7ml/kg  
enux @ 0.2

PAC call done  
↓  
To review PAC  
one day  
before SX.

Plan  
CBL  
keep  
H/W  
echo  
enox w/

O/E  
GC: avg  
VR = 138/ml  
RR = 54-56/min  
SpO<sub>2</sub> = 80% ↓ RA  
96% ↓ O<sub>2</sub> by NP  
CRT < 3s  
Ext: Warm.  
CVS: S<sub>1</sub>S<sub>2</sub> ⊕ / systolic mur  
CNS: WNL  
RS: B/L ME +, clear  
PIA: soft, NT, ND  
L - 2cm ↓ BxM  
S - NP.

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL  
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

Name: ANUSHKA  
कमरा/शाखा नं./Room/Bed No: 7m/F

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	वैद्य/Diet
25/6/2024	<p><u>Dx:</u> R/C/O ASD + large upper mitral VSD + mild MR + mod. TR + PAK + IE + septic emboli + CHF + O<sub>2</sub> dependency + candida ⊕ in Blood c/s.</p> <p><u>Plt:</u> i) O<sub>2</sub> dependency: ⊕ RR = 54/min SpO<sub>2</sub> = 96% @ 2L/min</p> <p>ii) Afibrile 72th. (Last Atrial spike 2 days ago)</p> <p>iii) Hemodynamically stable.</p> <p><u>o/r:</u> GC: avg HR = 138/min RR = 54/min → 80% LRA SpO<sub>2</sub> = 96% 10L by NP @ 1L/min</p> <p>CRT L35 Ext: Warm.</p>	<p>ANUSHKA 7m/F CR. 25894</p> <p>25th Wb = 9.5 TLC = 10,600 PSS L40 Plt = 2.3LAK Lump/plate = 44/0.3 TB/DB = 0.39/0.05 AST/ALT = 44/21 Na<sup>+</sup>/K<sup>+</sup> = 129/3.57 G<sup>2+</sup> = 9.35</p> <p>CUS: S<sub>1</sub>S<sub>2</sub> ⊕ systolic CNS: WNL RS: B/L BE+, clear P/A: 90/6, NT, ND L - 2cm L6/M. S - NP.</p>

25/6  
90/5  
10-5  
53/90

26/6  
2000 - 2.7mg/dl

Blood Culture  
Candida  
⊕

WBT  
ET  
Na<sup>+</sup>/K<sup>+</sup>: 129/3.57

↓  
Retro

लगातार चार्ट / CONTINUATION CHART

नाम/Name Anushka 7mth / Female कमरा/शय्या सं/Room/Bed No. \_\_\_\_\_

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
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22/6/24 6:00pm	K140 ASD = Large upper muscular ASD = mild MR = mod TR = PAH = IE = Septic embolic = CHE = O <sub>2</sub> dependency = Candida (+) in blood.	
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ESR  
CRP  
APTase

24 8/24  
All  
① O<sub>2</sub> dependency (+)  
HR - 148/w  
RR - 46-48/w  
SpO<sub>2</sub> - 89-90% LRA  
PA - +

CR = 1.8  
Na = 132  
K = 4.5  
Urea 49  
Creat 0.16

9.5  
10,000  
153 L40

② Low (afibrile)  
③ occupying rally acw  
④ hemodynamically stable

Urea - 44  
Creat - 0.5  
SGOT/PT - 48/3  
APTase  
low value

Urea  
HR - 148/w  
RR - 46-48/w  
CRP - 43/w  
SpO<sub>2</sub> - 80-88% LRA  
PA - +

Chem - B/C A/E etc  
No addm.  
CNS - G/S (+) Sy lense  
CNS - G/Pa  
P/A - 87/NT  
low value



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NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

Patient Name: Anshika, JMD/IF / Room/Bed No.

दिनांक/Date: 27/6/24

प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment

Dis: KIDN ASD  $\pm$  large UP-membrane  
 $\pm$  mild MD  $\pm$  MOD-TA  $\pm$  PAU  $\pm$  IC  $\pm$   
 Spic emboli  $\pm$  CHF  $\pm$  O<sub>2</sub> dependency  
 candida  $\oplus$  in blood CBS

25/6

9.5/16/100 23/100  
 P<sub>52</sub> L<sub>40</sub>  
 urea/cre - 4.1/0.3  
 TB/D<sub>B</sub> - 0.39/0.05  
 SGLT/P<sub>T</sub> - 4.6/3.1  
 Na<sup>+</sup>/K<sup>+</sup> - 124/3.57  
 Ca<sup>2+</sup> - 4.55

AD  $\oplus$  O<sub>2</sub> dependency  $\oplus$   
 RR - 2/min, SpO<sub>2</sub> - 94%  $\downarrow$  O<sub>2</sub> @ 2L/min  
 SpO<sub>2</sub> - 76% ven  
 (ii) ABelvic  
 (iii) H<sub>2</sub>O shake

o/c:

GC - Aug CBS - S, S<sub>2</sub>  $\oplus$ , Systolic  
 HR - 133/min CBS - ure  
 RR - 52-50/min RR - 20 A  $\oplus$  "Ch  
 SpO<sub>2</sub> - 76%  $\downarrow$  RA PIV - 24/2  
 CRT < 35  $\oplus$  - 2cm  $\downarrow$  Ren  
 ext - warm  $\oplus$  - up

17/03

@ 11/11/24



अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान एवं डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली  
विकिरण निदान विभाग  
ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI  
Department of Radiodiagnosis



Name: ANUSHKA	Age/Sex: 7m/Female	Mobile number:
UHID No: 25884	C3I/PICU/Ward22	Referred by: Dr. Sakshi Sachdeva
CT No. 3413	Date of CT: 06/06/2024	Date of reporting: 07/06/2024

CT Cardiac Angiography

**Clinical:-** K/C/O Acyanotic heart disease (large OS-ASD and muscular VSD) with infective endocarditis with pulmonary valve vegetations.

**Imaging findings:-**

Situs solitus, Levocardia, d-loop ventricular topology, AV-VA concordance. Normal relation of great arteries.

Left sided aortic with 3-vessel branching pattern. DTA at crus measures 5.2 mm. No evidence of coarctation of aorta.

Right atrium & ventricle are mildly dilated with right ventricle hypertrophy. Large OS-ASD is seen of size 13.4 mm. Muscular VSD of size 7.9 mm is noted.

There is e/o a hypodense non-enhancing content of avg HU=29 and size 12.2 x 12.1 x 10.5 mm noted adherent to pulmonary valve leaflets causing partial luminal narrowing with post stenotic dilatation of main and branch pulmonary arteries.

Aorta & main pulmonary arteries measures 9.6 & 19.3 mm in size respectively. MPA to Aorta ratio is > 1.

Good sized confluent branch pulmonary arteries, RPA & LPA measures 12.9 mm & 10 mm respectively.

There is focal saccular outpouching from anterior segmental branch of right lower lobe pulmonary artery of size 10 x 8.1 x 8.8 mm (AP x Tr x CC) s/o pulmonary artery aneurysm.

Normal systemic and pulmonary venous drainage. No LSVC noted.

No PDA seen.

Coronary arteries are normal in origin, course, and contrast opacification.

Diffuse mosaic attenuation seen in bilateral lung fields with patchy areas of consolidation in posterior segment of right upper lobe, apicoposterior segment of left upper lobe, and superior & posterior basal segments of bilateral lower lobes.

No significant lymphadenopathy.

Thymus is physiological for age.

No pericardial effusion.

Thoracic cage appears normal.

Note is made of NG tube in situ.

**Impression: -**

- Van Praag (S, D, S).
- OS-ASD with muscular VSD.
- Pulmonary valve vegetation causing narrowing of valve orifice with post stenotic dilatation of MPA and branch pulmonary artery and pulmonary artery aneurysm as described.

Dr. Pritam

(Senior Resident)

DR. PRITAM  
SENIOR RESIDENT  
DEPT. OF RADIODIAGNOSIS  
ABVIMS & DR. RML HOSPITAL  
NEW DELHI - 110001  
DMC No. 1922

Dr. Munish Guleria  
(Professor)

ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL  
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

Name: Anushka / 7mth / Female      कमरा/शय्या सं/Room/Bed No.

28/6/24

दिनांक/Date      प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment      आहार/Diet

1. ASD / Large upper truncal VSD, mild MR, moderate TR, PAM / IE / CHF / O<sub>2</sub> dependency / candida thr in blood vs.

Adv  
O<sub>2</sub> dependency: On minimal O<sub>2</sub> Not maintaining sp<sub>2</sub> 44%.

2-

No fever spike X 5 days  
Good oral acceptance.  
Hemodynamically stable

27/6

CRP: Negative

o/e  
Gc Avg  
HR = 142/min  
PR = 62/min  
CRT < 2 sec  
Sp<sub>2</sub> = 96%

CVS: I, II, PAM  
PAM @

- Adv
1. Minimal O<sub>2</sub> by nasal prongs @ 0.5 L/min
  2. OG feed 5ml 2 hly, add 0.5 ml mct oil
  3. typ Linzolid 1.7ml TDS
  4. stop Amps B

DIS

ए.बी.वी.आई.एम.एस. एवं  
डॉ. राम मनोहर लोहिया अस्पताल  
( विकिरण विभाग )

A.B.V.I.M.S. &  
DR. RAM MANOHAR LOHIA HOSPITAL  
(Department of Radiology)

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

यूनिट का नाम  
Name of Unit

रोगी का नाम  
Name of Patient

कॉन्सल्टिंग चोजन कार्ड सं.  
C.G.H.S. Card No.

संक्षिप्त वैद्यकीय टिप्पणी  
Brief Clinical Notes

अपेक्षित जांच  
Examination Required

अंतिम निदान  
Provisional Diagnosis

तारीख  
Date 11/6/24

आयु/लिंग  
Age/Sex

वार्ड/आउटपैट  
Ward/O.P.D.

चिकित्सक के हस्ताक्षर  
Signature of Clinicians

Wt = 3.5 Kg  
Lt = 55cm

एक्सरे/अल्ट्रासाउंड रिपोर्ट  
X-RAY/ULTRASOUND REPORT

LA AC = 5.2  
2C = 9.98  
BP = 7.25

नाम  
Name LVEDV = 11.9  
Age/Sex

RV मात्रा = 1.97

long = 3.8  
भेजने वाले डॉ. का नाम  
Referred by

रिपोर्ट सं.  
Report No.

LVID = 28

LA = 18.4

Ao = 7.5

बिस्तर सं.  
Bed No.

दिनांक  
Date

C/S/B Dr. Dhairi Bhatt Sir

Situs solitus

Levocardia

① pulm. systemic venous drainage

AV/VA concordance

NRGA

RPA dilated

mild MR+

1-4 cm vegetation moving to & fro  
attached to pulm. valve

MPA = 14

RPA = 12

LPA = 8

IVC collapsed

Lt. sided arch, No Coarct, No PDA

Imp: ASD (9-7mm) + upper muscular VSD (6mm)

+ pulm. valve vegetation

विकिरण विज्ञानी के हस्ताक्षर  
Signature of Radiologist

Adv: Plan ASD, VSD closure

+ resection of pulm. valve vegetation.

Liver span = 5cm

Apex beat

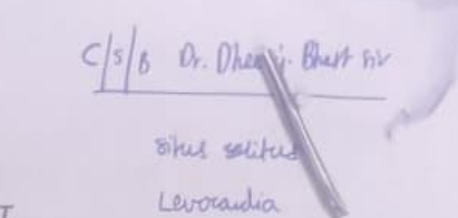
5cm

@ 6 MICS

ANUSHKA

9m/F

2DEtho

REG NO: - 964

PAN NO: - AAETN6037E



## **NATIONAL BETI BACHAO TRUST**

Address:- H. No. 370, Gali no 4, Ajay Nagar, Ismailpur, Faridabad, Haryana -121003

Contact: - 9911567522, Website: - [www.nationalbetibachaotrust.org](http://www.nationalbetibachaotrust.org)

दिनांक: 30-06-2024

संस्थापक महोदय

राष्ट्रीय बेटी बचाओ ट्रस्ट

इस्माइलपुर अजय नगर फरीदाबाद हरियाणा

महोदय

में आपसे विनती करना चाहता हूं कि मेरी बेटी अनुष्का हृदय रोग से पीड़ित है। वह चिकित्सकीय निगरानी में है। मेरी आर्थिक स्थिति बहुत दयनीय है। हमारा पूरा परिवार हमारी बेटी के लिए लड़ रहा है।

में अपनी प्यारी बेटी के इलाज के लिए बहुत सारी आशाओं और इच्छाओं के साथ आपके संगठन में हूं। कृपया हमारी बेटी की मदद करें। उसे आपके आशीर्वाद की जरूरत है। उसकी मदद करो।

धन्यवाद

नरेंद्र

