



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

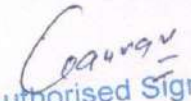
PATIENT APPLICATION FORM


PATIENT'S DETAILS



NAME:	AFIFAH TWASEEN ANSARI
FATHER NAME:	MOHAMMAD TWASEEN ANSARI
DATE OF BIRTH / AGE:	1 YEAR 6 MONTH
SEX:	FEMALE
ADDRESS:	NIBORIYA, VARANASI, UTTAR PRADESH-221001
DISEASE:	Hole In Heart
HOSPITAL DEPARTMENT TREATMENT COST	AIIMS CARDIOLOGY Rs. 50,000/-

For CANCER CARE TRUST


Authorized Signatory
Authorized Sign


Parent's Sign

1075918
24/3/22
23

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre
A.I.I.M.S., New Delhi-110029

LH2203220358 105870434



LC2203220636 105870434



AFIFAH TWASEEN ANSARI

दिनांक/Date

विभाग
Deptt.

यू०एच०आई०डी०सं०
UHID No.

CV 2022/014/0004594 ₹10 Cardiology
UHID: 105870434 Paed. Cardiology
Date 21/03/2022 MON
Name AFIFAH TWASEEN ANSARI 1Y 5M /F
D/O MOHAMMAD TWASEEN ANSARI
Consultant Room 21 Dr. S
RAMAKRISHNAN
SR Rqpm, .14 DR. SATAROOPA

Diagnosis

ACHOTOP
PDA (3-4mm)
mild LA/LV dilatation

(8)

- ECHO
- CXR
- CBC, RFT, LFT (24H)

- R/N = Reports -

- continue drops Furapred
(1ml = 10mg) 0.5ml PO BD

दिनांक
Date

9/5/22 PDA D/C

Finances ~~46,500~~
50,000/-
explained

(24A) (4pm)

9/5/22

RA

Cancer Care Trust

ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME AIFAH TWASEEN ANSARI AGE 1 yr. 5 m SEX M(F) DATE 21/3/22
ECHO No. 5456/22 CV No. UHID No. 105870434 C.R. No.
HEIGHTcm WEIGHTkg. BSAm² Ref. Physician Dr. R.K

Referring Diagnosis

Quality of Imaging Poor/Adequate/Good Done by Dr. Shantanu Checked by Dr.

MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/ Prolapse/ SAM/ Doming
PML Normal/ Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/ Absent Score.....
Doppler Normal / Abnormal
Mitral stenosis Present / Absent RR interval.....msec
EDG.....mmHg MDG.....mmHg MVA.....cm²
Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal / Atresia/ Thickening/ Calcification/ Prolaps/ Vegetation/ Doming
Doppler Normal / Abnormal
Tricuspid stenosis Present/Absent RR interval.....msec
EDG mmHg MDG.....mmHg
Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
Velocity.....m/sec Pred. RSVP-RAP+.....mmHg

PULMONARY VALVE

Morphology Normal / Atresia/Thickening/Domng/Vegetation
Doppler Normal / Abnormal
Pulmonary stenosis Present/Absent Level
PSG.....mmHg Pulmonary annulus.....mm
Pulmonary regulation Present/Absent
Early diastolic gradient.....mmHg End diastolic gradient.....mmHg

AORTIC VALVE

Morphology Normal / Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
Doppler Normal / Abnormal
Aortic stenosis Present/Absent Level
PSG.....mm Hg Aortic annulus.....mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

Measurements

Aorta 12
 LV es 23
 IVS ed 8
 RV ed
 EF ~ 65%
 IVS Motion
 IAS 2.5 mm FO-ASD (L→R)

Normal Values

(21-22mm/m²)
 (16-19mm/m²)
 (06-10mm)
 (4-14mm/m²)
 (62-80%)
 Normal/Flat/Paradoxical

Normal Values

LA es 14 (21-22 mm/m²)
 LV ed 34 (19-32 mm/m²)
 PW(LV)ed 7 (07-11mm)
 RV Anterior wall (upto 5mm)

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy
 Contraction Normal/Reduced
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus

3.5mm PDA
 1.4mm

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

REMARKS

Sitro dextro, dextrocardia
 AV-VA Concordance
 NRGA

TEE

Small 2.5mm Fossa Ovalis ASD (L→R Shunt)
 2.7mm ~~ASD~~ PDA is obstruction at
 PA end (A = 77/20 mm-Hg).

DIAGNOSIS

Mild LVVD ⊕
 No VSD/COA
 ⊕ BV function.

Final Impression

ASD ↑ Qp, Moderate PDA,
 Mild LVVD ⊕.
 ⊕ BV function.

[Signature]
 Resident

Consultant

A/C PAYEE ONLY



(07) CONNAUGHT PLACE, NEW DELHI
519356

VALID FOR THREE MONTHS ONLY

DATE 02 06 20 22
D D M M Y Y Y Y

DD No.

****AIIMS ANGIOGRAPHY PT ACCOUNT*****

ON DEMAND PAY

FIFTY THOUSAND Only

OR ORDER

RUPEES

₹ *****50,000.00

Purchaser Name: CANCER CARE TRUST
OL/5/5 Not Above 50,000.00

FOR VALUE RECEIVED

1070DDCENPAY
NOIDA (SEC 1)

Issuing Branch

Sanjeev
84219

Authorised Signatory

[Signature]
24/3/06

Authorised Signatory

Please sign above

⑈ 519356 ⑈ 000229000⑈ 001070 ⑈ 16

UTILITY FORMS PVT. LTD. / CTS - 2010

UTILITY FORMS PVT. Ltd. Ph. Delhi-2757575, Mumbai-20972, Chennai-42737, Kolkata-944965



Dept No: 20220140004594

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

File No :733/ANGIO/22-23 } 2659
Depositor Name :CANCER CARE TRUST } 2654
2659

Receipt No.:
Received From:
OPD/ MRD No.: ACCOUNTS-12/565/202223
ON ACCOUNT OF Original ANGIOGRAPHY PT
ACCOUNT

Dated :
Patient Type :
Room No. :

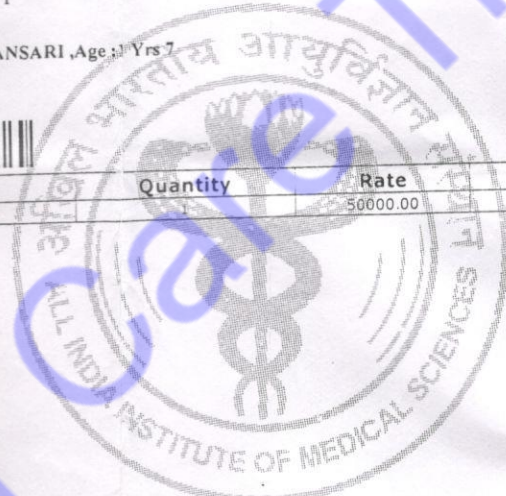
General

MISS. AFIFAH TWASEEN ANSARI, Age: 1 Yrs 7
Mons 12 Days
105870434 (OPD)



SI No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - PDA D/C		50000.00	50000.00

Printed on 02 Jun 2022 15:56:29 PM



Payment Mode :
INR (Rs.) :
Rs. in Words

शरीरमार्हा खलु धर्मसाधनम्

Please share your feedback on www.neraaspatal.nhp.gov.in
Demand Draft No: 519356 Bank: ICICI Bank Date: 02/06/2022

50000.0

Five Thousand Only

MR ABDUL ANSARI