Jan Sanjeevni Trust

Hands to Serve - Heart to Love

Reg. No. 1061 PAN No. AADTJ0816E

Jan Sanjeevni Trust Registration No: 1061/2017
Jan Sanjeevni Trust PAN No: AADTJ0816E
Jan Sanjeevni Trust Website: www.jstngo.org
Jan Sanjeevni Trust E-mail : we@jstngo.org

PATIENT NAME	Parmila
GURDIAN	Oma Ram
D.O.B/ SEX	26 Apr 2018, Female
DISEASE NAME	Congenital Heart Disease
TREATMENT HOSPITAL	Sarvodaya Hospital
UHID No.	28753
DEPARTMENT NAME	PEDIATRIC CARDIOLOGY & CARDIAC SURGERY
TREATMENT COST	3,06,350/-
GURDIAN's OCCUPATION	Labour
ADDRESS	KharaMehachan,Barmer, Rajasthan

सत्यमेव जयते

प्रारूप संख्या 5
FORM NO.5

राजस्थान सरकार
Government of Rajasthan
आर्थिक एवं सांख्यिकी निदेशालय
Directorate of Economics & Statistics

जन्म प्रमाण पत्र
BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम,1969 की धारा 12/17 और राजस्थान जन्म और मृत्यु रजिस्ट्रीकरण नियम, 2000 के नियम 8/13 के अधीन जारी किया गया)

(Issued under Section 12/17 of the Registration of Births and Deaths Act,1969 and Rule 8/13 of the Rajasthan Registration of Births and Deaths Rules, 2000)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जानी है जो कि अभिलेख से ली गयी है जो कि (स्थानीय क्षेत्र / स्थानीय निकाय) **सी.एच.सी. सिणधरी** तहसील/खण्ड **सिणधरी** जिला **बाड़मेर** संभाग/राज्य **राजस्थान** का रजिस्टर है।

This is to certify that the following information has been taken from the original record of birth which is the register for (Local area / Local body) **CHC SINDHARI** of Tehsil / Block **SINDDHARI** of District **BARMER** of State / Union Territory **RAJASTHAN**

नाम/Name:**प्रमिला / PRAMILA**

लिंग/Sex: **महिला/FEMALE**

जन्म तिथि/Date of Birth: **26/04/2018**

जन्म स्थान/Place of Birth:
सामुदायिक स्वास्थ्य केंद्र सिणधरी
CHC SINDHARY

माता का नाम/Name of Mother:**शान्ति देवी / SHANTI DEVI**

माता का आधार नंबर/Mother Aadhar No: **xxxxxxxx036**

पिता का नाम/Name of Father: **ओमाराम / OMARAM**

पिता का आधार नंबर /Father Aadhar No:

बच्चे के जन्म के समय माता पिता का पता:
Address of parents at the time of birth of the child :
खारा महेचान / KHARA MAHECHAN

माता पिता का स्थायी पता:
Permanent Address of the parents :
खारा महेचान / KHARA MAHECHAN

रजिस्ट्रीकरण संख्या / Registration No:
08115005810005000314 / 2018

रजिस्ट्रीकरण की तारीख / Date of Registration :
26/04/2018

Signature valid
Digitally signed by Ramesh Kumar
Date: 2018.09.05 14:[illegible]8 IST
Reason: Document Approve

टिप्पणी/Remarks If Any :

जारी करने कि तारीख Date of issue : **05/09/2018**

जारी करने वाले प्राधिकारी के हस्ताक्षर/ Signature of issuing author

जारी करने वाले प्राधिकारी का पता / Address of issuing author

नोट: "बच्चे के जन्म के समय माता पिता का पता" एवं "माता पिता का स्थायी पता" के कॉलमों से सम्बंधित सूचनायें 01/01/2007 से पूर्व लागू नहीं थी
Note: Information in respect of the columns "Present address of parents at the time of birth of the child" and "Permanent address of parents" were not applicable before 01/01/2007

राजस्थान सरकार के आर्थिक एवं सांख्यिकी विभाग के परिपत्र क्रमांक एफ 13/1/39/वीएस/डीईएस/2013/22519 दिनांक 02.06.2015 के द्वारा जन्म एवं मृत्यु प्रमाण पत्र जारी करने हेतु डिजिटल हस्ताक्षर के उपयोग को मान्यता प्रदान की गयी है ।

Use of Digital Signature for issuing birth and death certificate is recognized by Economics and Statistics Department, Goverment of Rajasthan vide circular number F 13/1/39/VS/DES/2013/22519 Dated 02.06.2015.

Software Courtesy National Informatics Centre (NIC), Rajasthan

Certificate can be tracked on http://pehchan.raj.nic.i

कार्यालय ग्राम पंचायत बाडानाडा

पंचायत समिति : सिणधरी जिला : बालोतरा (राजस्थान)

पत्र क्रमांक : SPL-03 दिनांक : 10/06/2026

आय प्रमाण पत्र

यह प्रमाणित किया जाता है कि श्री ओमाराम पुत्र श्री फुआराम आयु 36 वर्ष, निवासी ग्राम बाडानाडा तहसील सिणधरी जिला बालोतरा (राजस्थान), पिछले लगभग 25 वर्षों से उक्त पते पर निवास कर रहे हैं।

पंचायत अभिलेखों एवं स्थानीय जानकारी के अनुसार श्री ओमाराम वर्तमान में मजदूरी करते हैं। उनकी आय के संबंध में उपलब्ध जानकारी एवं स्थानीय सत्यापन के आधार पर उनकी वार्षिक अनुमानित आय ₹75,000/- (पचहत्तर हजार रुपये मात्र) है।

यह आय प्रमाण पत्र ग्राम पंचायत अभिलेखों एवं स्थानीय जांच के आधार पर संबंधित व्यक्ति के अनुरोध पर शासकीय/अशासकीय कार्य हेतु जारी किया जाता है।

माडू

हस्ताक्षर (सरपंच)

नाम : ____

Cpsaini

चन्द्रप्रकाश

ग्राम विकास अधिकारी

ग्रा.पं. बाडानाडा

पं.स. सिणधरी (बाड़मेर)

हस्ताक्षर (ग्राम विकास अधिकारी)

नाम : चन्द्रप्रकाश

Sarvodaya HEALTHCARE

SARVODAYA HOSPITAL
SECTOR-8, FARIDABAD | HELPLINE: 1800 313 1414

BILL ESTIMATE

Patient Name : BABY PARMILA
Doctor Name : DR. JAY RELAN
Est Rate Category : GENERAL WARD
Est Billing Category : THF/ LMCF
Bed No : GENERAL CATEGORY/3F-DEV WING
Panel Group : NGO
Address : JODHPUR

Age / Gender : 8 YR/MALE
Contact No. :9799661508
Estimation Date : 13-06-2026
Validity : 30 DAYS

Exp.Admit Dt. : 13-06-2026

Department : PEDIATRIC CARDIOLOGY & CARDIAC SURGERY

Remarks : ANY OTHER COMPLICATIONS WILL BE EXTRA

Description	Rate	Quantity	Amount
HOSPITAL STAY CHARGES	3500.00	0	0.00
CT ANGIOGRAPHY CORONARY	18350.00	1	18350.00
BLOOD	4500.00	4	18000.00
GLENN SHUNT	180000.00	1	180000.00
SIMPLE OPEN HEART SURGERY ABOVE 3 YRS OF AGE	90000.00	1	90000.00
Total Estimate Approx.			Rs. 306350.00

Total Estimate Approx : Rs.306350.00 - THREE LAKH SIX THOUSAND THREE HUNDRED FIFTY

ALL FIGURES ARE IN RUPEES (INR) ONLY

Name- PARMILA.
Age - 8Yrs/F.

Date - 31/05/26

Case of CCTGA ĉ LARGE VSD ĉ SEVERE PS.

C/O - SHORTNESS OF BREATH

SPO_2 - 85% Room Air.

CT - REVIEWED.

ECHO S/O - Δ 97 mmHg.
ACROSS PULM. ARTERY.
GOOD SIZED PAs.

- T. PROPRANOLOL 20 mg BD.
- SYP-TOHOFERON PEDIATRIC (80mg/5ml).
  5ml ONE DAILY.
- Plan FOR BD GLENN & PDA. LIGATION.

Anupam Das.

Dr. Anupam Das
Senior Consultant & Head – Cardiothoracic & Vascular Surgery
MBBS, MS(Gen. Surg.), MCh (CTVS), DNB (Cardiothoracic Surgery),
MRCSEd, MEBCTS, FRCSEd, FACS, FCCE, ECFMG
Registration No: DMC/R/05344
Sarvodaya Hospital & Research Centre

RADIANT
CHILDREN'S HOSPITAL
caring . curing . the future

PEDIATRIC ECHOCARDIOGRAPHY REPORT

Name - Pramila **Age/Sex – 8.01 Year/Female**

Date - 30/05/2026 **UHID No. - 28753**

Consultant Doctor - Dr. Himanshu Tyagi (Pediatric Cardiologist)

- **Situs** - Solitus
- **Position** - Levocardia
- **Systemic Venous Drainage -** Normal
- **Atrio-ventricular Connection – Discordant**
- **Pulmonary Venous Drainage –** Normal
- **Ventriculo-arterial Connection - Discordant**
- **Great Arteries Relationship – Aorta left and anterior to PA**
- **Atria -**
  - Left Atrium : Normal
  - Right Atrium : Normal
- **Atrial Septum – Moderate O.S. ASD (12 mm)**
- **Atrio-ventricular valves -**
  - Mitral Valve: **Moderate right AV valve regurgitation**
  - Tricuspid Valve: Normal (left-sided)
- **Ventricles -**
  - Left Ventricle : Normal
  - Right Ventricle: **Hypertrophy**
- **Ventricle Septum – Large doubly-committed VSD, additional moderate to large apical muscular VSD**
- **Semilunar Valves -**
  - Aortic Valve: **Dilated ascending aorta and aortic valve**
  - Pulmonary Valve: **Severe PS (PPG of 97 mmHg)**
- **Great Arteries -**
  - Aortic Arch: **Right aortic arch**
  - MPA & it's Branches: **Confluent branch PA's (LPA: 6.9 mm; Dilated RPA: 20 mm)**
  - PDA : Absent

IMPRESSION:

- **Congenitally Corrected TGA**
- **Large doubly-committed VSD, additional moderate to large apical muscular VSD**
- **Aorta left and anterior to PA**
- **Moderate O.S. ASD (12 mm)**
- **Severe PS (PPG of 97 mmHg)**
- **Normal ventricular function**

RADIANT CHILDREN HOSPITAL JODHPUR

Dr. Himanshu Tyagi
Consultant Interventional Pediatric Cardiologist
MD (Pediatrics), FCPC, FNB (Pediatric Cardiology)

MR. No : SR1108715 IP No : IP369583

Name : BABY PRAMILA

Age/Sex : 8 Yr / F Marital Status : Single

Address : KHARA MAHECHAN ,BARMER, Barmer, Rajasthan, India, 344001

Mobile Number : 9928526669

Kin : MR OMARAM (FATHER) Ph.:

Admission Date : 22-06-2026 10:05 AM

Doctor : Dr. ANUPAM DAS/DR SHEIKH MOHD MURTAZA

Department : CARDIAC THORACIC AND VASCULAR

Payment Mode : Credit

Billing Category : THF/ LMCF

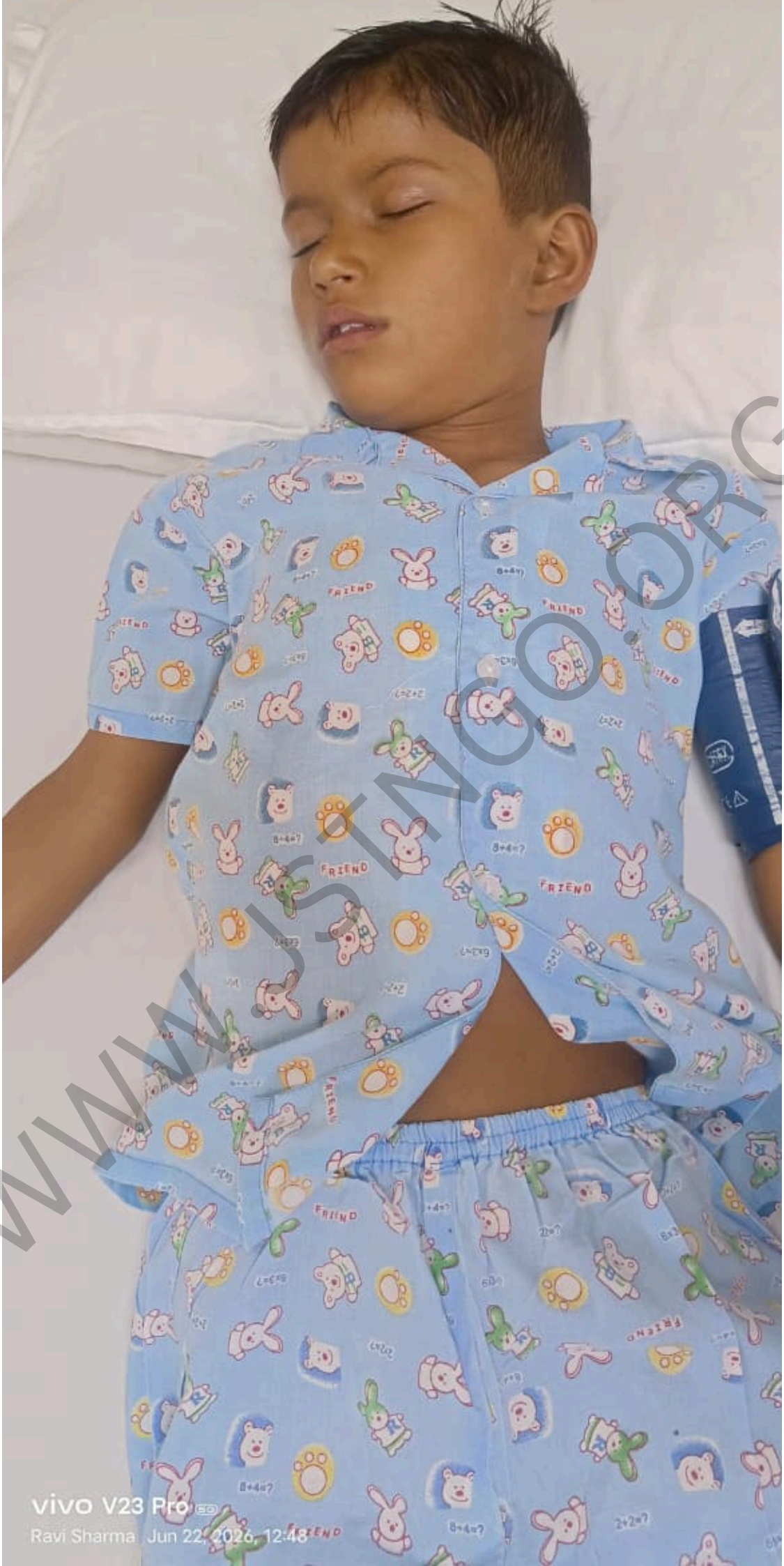
Insurance/TPA : THF/ LMCF

Rate Category : CTVS-PICU

Ward : 3F-DISCHARGE LOUNGE Bed No : 6

Admission Purpose : Surgical

Admitted By : Ms. BHARTI



DISCHARGE SUMMARY

BABY PRAMILA | 9928526669 | REG NO : IP369583 MRN SR1108715

DOB / AGE : 26-04-2018 / 8 YR / F
ADDRESS : KHARA MAHECHAN ,BARMER, BARMER, RAJASTHAN, INDIA, 344001
NEXT OF KIN : MR OMARAM (FATHER)
CATEGORY : THF/ LMCF
WARD : 2204/GENERAL CATEGORY/2F-KANTA WING
ADMISSION DATE : 22-06-2026 10:05 AM DISCHARGE DATE : 26-06-2026
DEPARTMENT : PEDIATRIC CARDIOLOGY & CARDIAC SURGERY
CONSULTANTS : DR. JAY RELAN [MBBS, MD(PED.), DM(PEDS CARDIOLOGY)]

DOCTOR TRANSFER DETAILS

DATE	DEPARTMENT	CONSULTANT
22-06-2026 10:05 AM	CARDIAC THORACIC AND VASCULAR SURGERY(CT VS)	Dr. ANUPAM DAS/DR SHEIKH MOHD MURTAZA
26-06-2026 10:37 AM	PEDIATRIC CARDIOLOGY & CARDIAC SURGERY	Dr. JAY RELAN

FINAL DIAGNOSIS

DIAGNOSIS	ICD CODE
DIAGNOSIS: CCHD, decreased Qp, ccTGA, large doubly committed VSD, severe PS, severe right AVVR (non systemic valve), normal LV function, confluent good sized branch PAs, NSR	
PROCEDURE : Bidirectional Glenn (on pump beating heart with intact anterograde flow) + Atrial Septectomy + Right AV valve cleft repair + azygous vein ligation & division (23.06.2026)	

PRESENTING COMPLAINTS

CCHD, decreased Qp, ccTGA, large doubly committed VSD, severe PS, severe right AVVR (non systemic valve), normal LV function, confluent good sized branch PAs, NSR
Patient admitted with above mentioned diagnosis for surgical intervention.

EXAMINATION

Bp - 100/60mmHg
PR - 89/min
RR- 24/min
SPO2- 84% on room air
Chest - B/L VBS
PA - Soft
Height- 130 cm, Weight- 24kg

COURSE DURING HOSPITAL STAY

A 8 years old female presented with above mentioned complaints patient was thoroughly examined, investigated and evaluated. All relevant investigations were done which revealed -
22.06.2026
CBC- Hb- 15.3, TLC- 6.48, PLT- 291k.
RFT- Urea- 18.0, S.Cr- 0.29, Na+- 136.7, K+-4.22 .
PT / INR - 11.900/1.018
LFT- T/D/I- Bili- 0.36/0.24/0.12, SGPT/SGOT-17.2/28.4 , Total Protein-6.83 , Albumin-4.37 ,

HIV 1 and 2 By ECLIA- 0.27, HBsAg By ECLIA - 0.23, HCV By ECLIA -0.06
TSH (Thyroid Stimulating Hormone) -5.180
CRP (C-Reactive Protein) -0.323
Irregular Erythrocyte Antibody Screening- Negative
X-Ray Chest PA was done which showed Prominent B/L hila.
Pediatric ECHO-
Cardiac Position
Abdominal Situs: Solitus
Levocardia
Cardiac Segments
Atrial Situs: Solitus
AV Discordance
VA Discordance
Great artery relationship: L-posed aorta, aorta left and anterior to pulmonary artery.
Veins & Atria
Systemic Venous Drainage: No LSVC.
Pulmonary Venous Drainage: Normal
Interatrial septum: OS ASD (8mm) with predominantly Right -Left shunt
RA Size: Normal
LA Size: Normal
Atrioventricular Canal
Mitral valve: Myxomatous valve with moderate MR(Right AVVR)
Tricuspid valve: Mild TR
Ventricles
Left ventricle: Dialted (LV Basal 36mm)
Right ventricle: Normal
Interventricular septum:Double committed VSD (13mm) bidirectional shunt
Conotruncus
Left ventricular outflow tract and aortic valve:Left arch, Aortic Annulus 23mm
Right Ventricular outflow tract and pulmonary valve: RVOT Gradient 6mmHg. Severe PS Gradient 85mmHg (Valvular +Infundibular)
Great Arteries
Ascending Aorta, arch and descending aorta: Normal
? small PDA
Confluent branch pulmonary arteries : Confluent branch pulmonary artery (RPA=19.7mm, LPA=6.55) , Pulmonary Annulus
-7.7mm
Function
Normal RV Function
Normal LV Function (LVEF=60%)
Coronaries
Normal Coronary arteries
ccTGA Large doubly comitted VSD. Severe PS, Moderate MR (Right AVVR)

After PAC, consent and pre-op workup, patient was taken up for surgery.

OPERATION DETAILS
Patient Name: Baby Pramila
MRN / Hospital No: SR1108715/ IP369583
Age / Sex: 8 years/ female
Date of Surgery: 23rd June, 2026
Surgeon: Dr. Anupam Das, Dr. Murtaza
Anesthetists: Dr. Rohit Malhotra
Diagnosis: CCHD, decreased Qp, ccTGA, large doubly committed VSD, severe PS, severe right AVVR (non systemic valve), normal LV function, confluent good sized branch PAs, NSR
Procedure Performed: Bidirectional Glenn (on pump beating heart with intact anterograde flow) + Atrial Septectomy + Right AV valve cleft repair + azygous vein ligation & division

Type of Anesthesia: General Incision: Median Sternotomy
Findings: Sternum normal, no pericardial adhesions/effusion, thymus enlarged, innominate vein+, situs solitus, levocardia, no LSVC, normal systemic venous drainage, pulmonary artery branches confluent and good sized, RPA dilated, aorta large and anterior, leftward of PA, Glenn pressure 11mmHg, small atrial septal defect, large cleft in the right AV valve, with several small fenestrations along the free margin of the leaflets, pericardium closed, bilateral pleura intact.
Steps: Median sternotomy, right lobe of thymus excised, pericardial stays, anatomy assessed, SVC dissected with azygous vein ligation, systemic heparinisation, aortic pursestring, high SVC pursestring, ACT, aortic and SVC cannulation, SVC looped, CPB partial flows, IVC pursestring and cannulation, full CPB flows, cardioplegia pursestring, RPA dissected free and looped, anterior surface of SVC marked, aorta PA dissected, SVC snugged, SVC RA junction divided and RA end closed in two layers. RPA proximal and distal control taken, arteriotomy made on the superior surface of RPA. SVC to RPA anastomosis done with 5-0 10mm prolene suture, cardioplegia cannulation, cooling, AoXCl, root cardioplegia, topical cooling, diastolic arrest, IVC snugged, RA opened and RA stays taken, anatomy assessed, small atrial septal defect enlarged in size and LV vented through it, MV inspected and mitral valve repair done (cleft repair). MR jet reduced to mild to moderate on saline test in the central region, RA closure in two layers after deairing, AoXCl released, root vented after anterograde deairing, IVC & SVC desnugged, gradual weaning off of CPB, sequential decannulation, protamine infusion, pacing wires placed (1 ventricular, 1 atrial), drains placed (1 retrosternal, 1 retrocardiac), hemostasis confirmed, Glenn pressure 11mmHg, pericardium closed, bilateral pleura intact, routine closure of sternum and skin incision in layers.
Cannulae- Ao- 16 Fr, IVC- 20 Fr angled, SVC- 18 Fr angled, and lowest temp.: 32 deg. Celsius
CPB duration: 54 minutes, AoXCl duration: 20 minutes
Cardioplegia Used: Delnido.

The patient was shifted to PCTVS ICU with inotropic support of dobutamine on POD 0. Antibiotics and analgesics were given as per institutional protocol and serial ABGs were done. She received 1 unit of PRBC. Drainage was minimal and hemodynamics were stable on minimal inotropic support, so after a successful weaning trial and achieving satisfactory blood gas levels, she was extubated on POD 0 and put on oxygen via nasal prongs which was reduced later. Chest physiotherapy was commenced. After extubation, she was maintaining satisfactory vitals. After 6 hours of extubation, a liquid diet per orally was given.

Day 1- 24.06.2026
The patient remained clinically stable with stable hemodynamics. Dobutamine was gradually tapered off and stopped. Routine investigations were unremarkable. Repeat chest X-ray was satisfactory. Oxygen support was reduced gradually and stopped. Femoral arterial line was removed by the evening. Orally full diet was started and IV fluids were stopped.

Day 2- 25.06.2026
The patient remained clinically stable with stable hemodynamics. Routine investigations were unremarkable. Intercostal drainage tube was removed, and a repeat chest X-ray was satisfactory. Foley catheter was removed and ambulation was commenced. She was shifted to CTVS HDU after removal of CVP line.

Day 3- 26.06.2026
She is stable and maintaining stable hemodynamics. Pacing wires were removed and X-Ray was done which showed mild right basal atelectasis. Echo was done which showed- mild MR, trivial TR, large interatrial communication 17mm, antegrade flow present gradient 66mmHg, no pericardial effusion, good biventricular function, Glenn flowing well with respiratory variation.
Dressings have been changed and suture lines are healthy, now she is being discharged with advice to follow up in OPD Dr. Anupam Das (Room 1069, OPD) after 4 days.

DISCHARGE MEDICATION

SR.	MEDICINE	DOSAGE INSTRUCTION	DUR. / ROUTE	QTY
1.	TAB ECOSPRIN ASPRIN 75 MG TAB	1 TAB at night	14 days	14
2.	TABLETS ENVAS 2.5MG TAB (1X15) ENAPRIL MALEATE 2.5MG TAB	1 TABLETS two times a day	14 days ORAL	28

3.	TAB LASIX (FUROSEMIDE) 40MG TAB 1X15 FUROSEMIDE 40 MG TAB	1/2 TAB two times a day 8am----4pm	14 days ORAL	14
4.	TAB PCM .	500 MG three times a day for pain or fever	5 days	1
5.	TAB PANTOCID 40 PANTOPRAZOLE 40 MG	1/2 (20mg) two times a day before meal	1 week	1

Next Review Date : 30-06-2026
FOLLOW UP
Consult doctor in case of :-
Fever, pain, swelling, breathlessness, excessive cough, any drug allergy, soakage, bleeding from surgical wound site

Diet:-
As advised
TOTAL FLUID RESTRICTION: 1250 ml/day

Any other instruction:-
Do not stop any medication without doctor advice
Chest & limb physio as advised
Alternate day bath and washing of suture lines with soap and water
ALTERNATE DAY DRESSING WITH BETADINE SOLUTION.

Condition at discharge:-
Symptomatically better
Accepting orally well
No discharges from surgical site

Follow up:-
Follow up date: 30th June, 2026
Consultant's name: Dr. Anupam Das (Room 1069, OPD) and Dr. JAY RELAN (Room 1071, OPD).
Investigations:RFT/ Chest X-Ray.

In case of any Emergency Call this Number 7835014652.

Call CTVS Co-ordinator on 8209448398 one day prior to your visit to avoid waiting time and for appointment for CTVS OPD.

Consultant

Dr. JAY RELAN
Senior Consultant Pediatric Cardiology &
Congenital Heart Disease
MBBS, MD (Pediatric),
DM (Pediatric Cardiology)
Regn No:-HN30441
Dept Contact No:- 8929688233

Consultant

Dr. ROHIT MALHOTRA
Senior Consultsnt
Adult & Pediatric Cardiac Anesthesia & Intensive Care
MBBS, MD (Anaesthesiology)
DM (Cardiac Anaesthesiology)

Consultant

Dr. SHEIKH MOHD MURTAZA
Consultant- Cardiothoracic & Vascular Surgery
MBBS, MS (Gen Surgery), MCH (CTVS)

Consultant

Dr. ANUPAM DAS
Senior Consultant & Head CTVS
MBBS, MS(Gen Surgery), MCh(CTVS)
DNB (CTVS SURGERY)
MRCSEd, MEBCTS, FRCSEd, FACS,
FCCE, ECFMG

CONTACT HOSPITAL IN CASE OF EMERGENCY-18003131414
Patient Acknowledgement : I have received discharge summary and explained in detail about follow up medication as advised
Patient / Attendant Signature _____ Full Name/ Relation:_____ Mob No: _____
IT IS ADVISABLE TO TAKE PRIOR APPOINTMENT BEFORE COMING TO OPD, FOR APPOINTMENTS CONTACT:

REPORTS

INVESTIGATION NAME	DATE	VALUE
CRP (C-Reactive Protein)	22-06-2026 12:50 PM	0.323 mg/L
HCV By ECLIA	22-06-2026 12:49 PM	0.06
Platelets Count	26-06-2026 06:53 AM	179 10^3/uL
TSH (Thyroid Stimulating Hormone)	22-06-2026 12:46 PM	5.180 uIU/mL

INVESTIGATION NAME	DATE	VALUE
HBsAg By ECLIA	22-06-2026 12:46 PM	0.23
HIV 1 and 2 By ECLIA	22-06-2026 12:46 PM	0.27
TLC(Total Leukocyte Count)	26-06-2026 06:52 AM	9.45 thou/mm3

ABG	23-JUN 11:35 AM	23-JUN 09:34 PM	23-JUN 09:35 PM	23-JUN 09:36 PM	24-JUN 06:18 AM
pH	7.32	7.37	7.33	7.33	7.42
pCO2	41	39	41	43	36
pO2	134	58	74	85	71
HCO3	21.1	22.5	21.6	-	23.4
Base Excess	-5.0	-2.8	-4.3	-	-1.1
Sodium	132	132	134	-	128
Potassium	3.9	4.5	4.5	-	4.1
Calcium Ionised	0.80	1.09	1.19	-	1.06
Lactate	1.2	1.8	1.2	-	1.9
Glucose	115	125	142	-	134
HCT	50	48	48	-	50
SO2c	99	89	94	96	94
TCO2	22.4	23.7	22.9	-	24.5
BE (B)	-4.8	-2.5	-4.1	-	-0.6
THbc	15.5	14.9	14.9	-	15.5
HCO3std	21.2	22.7	21.6	-	24.3

CBC (HAEMOGRAM)		22-JUN 12:12 PM	24-JUN 05:30 AM	25-JUN 06:26 AM
Hb(Haemoglobin)	gm/dl	15.3	14.5	12.6
TLC(Total Leucocyte count)	gm/dl	6.48	17.76	15.04
D L C Ne	gm/dl	54.5	83.4	82.8
D L C Ly	gm/dl	30.3	7.4	8.5
D L C Mo	gm/dl	7.8	9.1	8.3

D L C Eo	gm/dl	6.9	0.0	0.3
D L C Ba	gm/dl	0.5	0.1	0.1
RBC	gm/dl	5.38	5.00	4.38
HCT	gm/dl	47.7	44.6	39.0
MCV	gm/dl	88.6	89.2	89.1
MCH	gm/dl	28.4	28.9	28.8
MCHC	gm/dl	32.1	32.5	32.3
RDW	gm/dl	13.9	14.6	14.5
Platelets	gm/dl	291	213	185
Absolute Neutrophils count	gm/dl	3.53	14.81	12.45
Absolute Lymphocytes Count	gm/dl	1.96	1.31	1.28
Absolute Eosinophils Count	gm/dl	0.45	0	0.05
Absolute Monocytes Count	gm/dl	0.51	1.62	1.25
Absolute Basophils Count	gm/dl	0.03	0.02	0.02

ABG	26-JUN 10:57 AM
pH	7.41
pCO2	33
pO2	61
HCO3	20.9
Base Excess	-3.7
Sodium	125
Potassium	4.0
Calcium Ionised	0.97
Lactate	2.2
Glucose	121
HCT	47
SO2c	91
TCO2	21.9
BE (B)	-2.9
THbc	14.6
HCO3std	22.5

LFT II		22-JUN 12:50 PM	24-JUN 05:35 AM
SERUM BILIRUBIN - Total Bilirubin	mg/dl	0.36	0.53
SERUM BILIRUBIN - Direct Bilirubin	mg/dl	0.24	0.36
S B In Bi	mg/dl	0.12	0.17
SGPT(ALT)	mg/dl	17.2	15.1
SGOT(AST)	mg/dl	28.4	45.8
Alkaline Phosphate(ALP)	mg/dl	198	150
Total Protein	mg/dl	6.83	5.41
Albumin	mg/dl	4.37	3.50
Globulin	mg/dl	2.46	1.91
A/G Ratio	mg/dl	1.78	1.83

RFT II		22-JUN 12:50 PM	24-JUN 05:42 AM
Blood Urea	mg/dl	18.0	22.3
Serum Creatnine	mg/dl	0.29	0.33
Sodium(Na+)	mg/dl	136.7	133.4
Potassium(K+)	mg/dl	4.22	4.34

ERYTHROCYTE AG TYPING AND AB SCREENING	22-JUN 02:45 PM
ABO	O
Rh D	Positive
I E A S	Negative

SERUM POTASSIUM (K+)	25-JUN 06:12 AM	26-JUN 06:38 AM
Serum Potassium (K+) mmol /L	4.67	3.70

Chloride(CL-)	mg/dl	104.6	101.6

PROTHROMBIN TIME (PT) WITH INR		22-JUN 01:00 PM
Prothrombin Time(PT)	Sec.	11.900
Control	Sec.	11.7
INR	Sec.	1.018

PEDIATRIC ECHO

22-06-2026 03:27 PM	ccTGA Large doubly comitted VSD. Severe PS, Moderate MR(Right AVVR)

X-RAY CHEST PA

22-06-2026 03:37 PM	Prominent B/L hila. Please correlate clinically.

X-RAY CHEST AP VIEW PORTABLE

23-06-2026 07:26 PM	*No significant abnormality. Please correlate clinically.
24-06-2026 10:32 AM	Subtle reticular opacities in bilateral lung fields. Please correlate clinically.

X-RAY CHEST PA

25-06-2026 12:52 PM	NORMAL STUDY. ADVISE: HISTORY / CLINICAL CORRELATION.

Notes : Summary of Key Investigations during Hospitalization:As per Report Attached