



Mazumdar Shaw Medical Center	INITIAL ASSESSMENT PHYSIOTHERAPY - OP
Patient Name: Baby Sangraha Manda. Patient MRN: 168. 55 Hr. Age: 24.	Affix patient label here
Surgical History	J'
Pain History: side: Site: Ni onset: Aggravating factor: Reliving factor: Severity: O - 10 Numeric Pain Interesting scale* O 1 2 3 4 5 6 7 8 9 10 No Pain Possible No Pain Possible	Duration:
OBSERVATION Built:ECTO/ENDO/MESO Edema: Posture: Warmth: Warmth: Tenderness: Type of Ventilation: Warmth: Others: Pattern of Breathing: Others: Skin Changes: Reflexes	Consciousness: Higher cortical function: Cranial nerves: Sensory: Contracture/Deformity: Involuntary movements: Coordination: Muscle wasting:
Muscle tone Right Left Biceps (C5) Triceps(C7) Brachiaradiali Quadriceps(L4) Plantar flexion	4) 34 34 Abdominal (4)

Plantar flexion(S1)

No. 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560 099.

LL

Version : 1 Format No.: MSMC/PHY/OP/01





শৃতিনকা নকল GOVERNMENT OF WEST BENGAL

DEPARTMENT OF HEALTH AND FAMILY WELFARE



NRS MEDICAL COLLEGE AND HOSPITAL

বন্ধ সংস্থা BIRTH CERTIFICATE

(১৯৯২ বাজৰ বাছ-মূজু নিবাটিকৰা ঘটালৰ কৰা ১৮/১৭ কা 2000 বাজৰ পৰিষদ্যৰ বাছ-মূজু নিবাটিকৰা নিবি ৮/১৩ বালুবাৰী আনি কৰা হটাবাছ।) (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATH RULES 2000)

ধ্ৰী মাৰ্ম কাছ কৰা ঘটাকৰ বা দিনকালৈ বিৰক্ষী মূল কাম নামি হটক লঙৰা হইবাৰ, উচ্চ নামি প্ৰতিমধন ব্যাহাৰ, কৰৱাত্তা বেবাৰ, নাম এব বাহা দিবছা নিৰিক্ত মাছ।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTI
FOR NRS MEDICAL COLLEGE AND HOSPITAL OF TAHSIL/BLOCK KOLKATA OF DISTRICT KOLKATA OF STATE/UNION TERRITORY WEST BENG/

FIR / NAME: SANGITA MONDAL

কৰে যদিং / DATE OF BIRTH: 18-09-2021 EIGHTEENTH-SEPTEMBER-TWO THOUSAND TWENTY ONE

THER HIS / NAME OF MOTHER: MANUAL BARMAN MONDAL

THE WAR THE / MOTHER'S AADHAAR NO:

FIRST WATER FIRST ENERGY ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
GOURANGANAGAR, P.O.- GOURANGA NAGAR,
P.S.- NEW TOWN, RAJARHAT GOPALPUR, , RAJARHAT GOPALPUR
MUNICIPALITY, NORTH TWENTY FOUR PARGANAS, WEST BENGAL-700159

দিকটিকা ক / REGISTRATION NUMBER: B-2021: 19-90164-004899

মাহৰ্য সমূহ / REMARKS (IF ANY):

দিবেশ অজিন দিন / DATE OF ISSUE: 24-09-2021

UPDATED ON: 24-09-2021 14:30:37





FIR / SEX: FEMALE

TIME THE PLACE OF BIRTH: N.R.S. MEDICAL COLLEGE AND HOSPITAL

THER HR / NAME OF FATHER: CHIRANIT MONDAL

পিতা - মাতাপ সাধী চিকালা/ PERMANENT ADDRESS OF PARENTS:

GOURANGANAGAR, P.O.- GOURANGA NAGAR, P.S.- NEW TOWN, RAJARHAT GOPALPUR, RAJARHAT GOPALPUR MUNICIPALITY, NORTH TWENTY FOUR PARGANAS, WEST BENGAL-700159

লিক্টাৰণ জনিশ / DATE OF REGISTRATION: 24-09-2021

कानसभी कर्दश्य / ISSUING AUTHORITY

উপ নিক্তবন (বার ও দৃজ্) SUB-REGISTRAR (BIRTH & DEATH)

NRS MEDICAL COLLEGE AND HOSPITAL

Puja Singh 24/9/2

*THIS IS A COMPUTER GENERATED CERTIFICATE. *

THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES.

* এটাই পত্ৰ- দৃহ্যু দিবটোৰৰ সুপিটৰ কৰল' / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *







শৃতিনকা নকল GOVERNMENT OF WEST BENGAL

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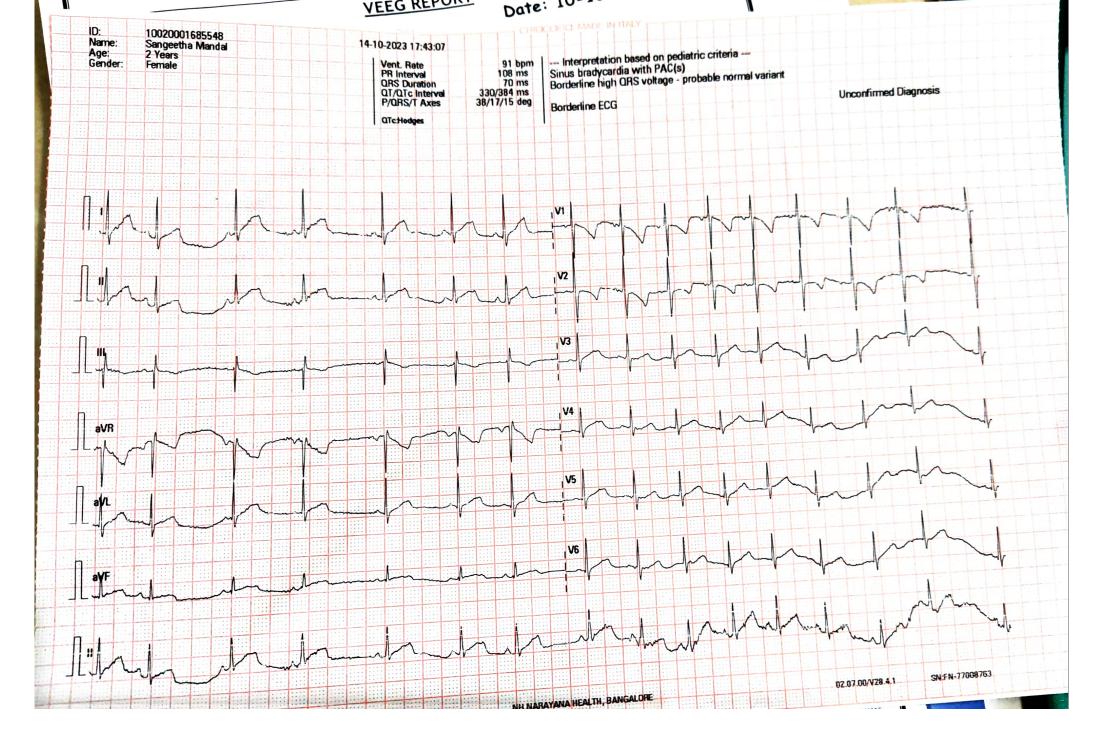
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EPIZEPSY CENTER/VIDEO-EEG MONITORING UNIT NARAYANA INSTITUTE OF NEUROSCIENCES VEEG/EEG REPORT



VEEG REPORT

Patient information

Date: 10-10-2023

Name: Baby. Sangeetha Mandal

Age/Sex: 2yrs/F

ID: 10020001685548

Classification:-

Dys-III right frontal spike and wave discharges

Sleep- continued activation of right frontal and bilateral parieto-temporo-occipital spike

and wave discharges

Interpretation: - This record shows focal interictal epileptiform abnormalities over the

right frontal and bilateral posterior head regions.

Report: - Short term video-EEG was done on 10-10-2023 for an hour. The child was sedated and slept (Triclofos) during most of the recording. Sleep activity in the form a sleep spindles were mostly symmetric and synchronous. Sleep record showed activation of right frontal and bilateral parieto-temporo-occipital spike and wave discharges. Phot stimulation produced no additional abnormalities. Brief awake record showed background activity of 5-6 Hz over the posterior head region. Spike and wave discharg were seen over the right frontal region during the awake record. There was excess diffuse beta activity throughout the recording.

Referred by
Dr. Minal V Kekatpure
Pediatric Neurologist
Mazumdar Shaw Medical Center

Reported by
Dr. Gopal Krishna Dash MD, DM (Neurology
Epileptologist

Appoi

(A Unit of Narayana Hrudayalaya Limited) CiN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Tel +91 80 712 22222 | Ernail: info.msmc@narayanahealth.org | www.narayanahealth.org

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1800-309-0309 (То



es to sample tested. Kindly correlate with clinical findings.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms. Sangeetha Mandal MRN: 10020001685548 Gender/Age: FEMALE, 2y 3m (01/07/2021)

Collected On: 10/10/2023 02:32 PM Received On: 10/10/2023 02:49 PM Reported On: 10/10/2023 03:28 PM

Barcode: 022310100953 Specimen: Whole Blood Consultant: Dr. Minal Kekatpure V(PAEDIATRIC NEUROLOGY)

	HEMAT	OLOGY	
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	10.3 L	g/dL	11.0-14.0
Red Blood Cell Count (Electrical Impedance)	4.48	million/µl	3.6-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	33.9 L	%	34.0-40.0
MCV (Mean Corpuscular Volume) (Derived)	75.7	fL	75.0-87.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	23.1 L	pg	25.0-30.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	30.5 L	%	31.0-37.0
Red Cell Distribution Width (RDW) (Derived)	14.1 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	329	10 ³ /μL	150.0-450.0
Mean Platelet Volume (MPV)	7.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	16.1 H	10 ³ /μL	5.0-15.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	66.0 H	%	15.0-55.0
Lymphocytes (VCS Technology Plus Microscopy)	28.9 L	%	40.0-70.0
Monocytes (VCS Technology Plus Microscopy)	4.8	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	0.1 L	%	1.0-6.0









Narayana Hrudayalaya Limit

NH Health City, No. 258/A, Bommasandra Industrial A Hosur Road, Bangalore 560 099 Tel: 080 7122 2222 Fax: 080 2783 2 CIN: U85110KA2000PLC027497, Web: narayanahealth

relates to sample tested. Kindly correlate with clinical findings.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms. Sangeetha Mandal MRN: 10020001685548 Gender/Age: FEMALE, 2y 3m (01/07/2021)

Collected On: 10/10/2023 02:32 PM Received On: 10/10/2023 02:49 PM Reported On: 10/10/2023 04:59 PM

Barcode: 012310101754 Specimen: Serum Consultant: Dr. Minal Kekatpure V(PAEDIATRIC NEUROLOGY)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 7760982936

	and the second		
Test	Result	Unit	Biological Reference Interval
RENAL PACKAGE - 2 (RFT RANDOM)			
RANDOM BLOOD GLUCOSE (RBG) (Colorimetric - Glucose Oxidase Peroxidase)	85	mg/dL	70.0-140.0
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	10	mg/dL	7.0-17.0
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.31	mg/dL	0.2-0.43
Serum Sodium (Direct ISE - Potentiometric)	136 L	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.5	mmol/L	3.4-4.7
Serum Chloride (Direct ISE - Potentiometric)	104	mmol/L	98.0-107.0
Serum Bicarbonate Level (Enzymatic Endpoint - PEP Carboxylase)	21.60 L	mmol/L	22.0-30.0
Serum Calcium (Colorimetric - Arsenazo Method)	9.3 L	mg/dL	9.46-11.34
Serum Magnesium (Colorimetric - Formazan Dye)	1.8 L	mg/dL	1.82-2.72
Serum Uric Acid (Colorimetric - Uricase,Peroxidas		mg/dL	1.85-5.5
Serum Phosphorus (Colorimetric - Phosphomolybdate Formation)	4.8	mg/dL	4.52-7.09
LIVER FUNCTION TEST(LFT)			0.0-2.0
Bilirubin Total (Colorimetric -Diazo Method)	0.17	mg/dL	0.0-2.0
Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance Spectrophotometry)	h- 0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated	0.17	mg/dL	0.0-1.1









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Patient Name: Ms. Sangeetha Mandal MRN: 10020	001685548	Gender/Age : FEMALE , 2	2y 3m (01/07/2021)
Total Protein (Colorimetric - Biuret Method)	7.00	gm/dL	6.23-7.67
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.00	gm/dL	3.9-4.9
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.34	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	38	U/L	33.0-66.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	21 L	U/L	24.0-45.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	190	U/L	143.0-318.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	14	U/L	6.0-16.0

Interpretation Notes

 Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

THYROID PROF	ILE (T3	, T4, TSH)
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INTROID PROFILE (10),			1.39-3.01
Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.66	ng/mL	1.55-5.01
Thyroxine (T4) (Enhanced Chemiluminesence)	10.6	μg/dl	6.87-18.7
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	1.654	μIU/mL	0.729-4.402

TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. Alteration in variation is of the order of 50%, hence time of the day has influence on the measured seruin 13th concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

-- End of Report-

Page 2 of 3









Narayana Hrudayalaya Limited

NH Health City, No. 258/A, Bommasandra Industrial Area Hosur Road, Bangalore 560 099 Tel: 080 7122 2222 Fax: 080 2783 2648 CIN: U85110KA2000PLC027497, Web: narayanahealth.org



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Patient ID	1070973	Visit Date	14/Oct/2023	
Patient Name	BABY SANGEETHA MONDAL	Age/Sex	2 yrs / F	SERVICE CONTRACTOR
Payor Name	Patient	Contact No.	7890093823	CONT. NO. COMMAND. NO. OF STREET, CO., CO., CO., CO., CO., CO., CO., CO.
Patient Address	GOURANGA NAGAR NEW TOWN,	ASHWINI NAGAR		

Present Complaints

referred from MSH by Dr Minal Kekatpure for eye evaluation.

c/o spastic quadriplegic CP , microcephaly , epileptic encephalopathy, CVI.

earlier diagnosed with catracat in both eyes at Vittala Institue of Ophthalmology.

Birth History :-

FT LSCS, bwt: 2.9 kg, did not CIAB, NICU stay for 29 days in view of RDS, NCM parents

Systemic Disease History

H/o spastic quadriplegic CP, microcephaly, epileptic

Surgical History

h/o nil

Family History

nil

Drug Allergy History

Nil

Vision	Distance Vision		Near \	/ision
	Right Eye	Left Eye	Right Eye	Left Eye
Unaided	FIXING	FIXING		

Finding Name	Right Eye	Left Eye
Lid	Normal	Normal
Conjunctiva	Normal	Normal
Cornea	Normal	Normal
Anterior Chamber	Normal	Normal
Iris	Normal	Normal
Pupil	Pharmacologically Dilated Pupil	Pharmacologically Dilated Pupill
Lens	Lamellar cataract	Lamellar cataract
Optic Nerve	CDR 0.5-0.6, temporal pallor	CDR 0.5-0.6, temporal pallor
Macula	Normal	Normal
Roplas	Negative Negative	

Diagnosis

Delayed Development

Developmental Cataract [M60259] in Both Eyes

Cortical Visual Impairment [H547]

Deprivation Amblyopia, Bilateral [H53013]

Visual Deprivation Nystagmus [H5503]

http://11.1.1.152:7878/Prescription.aspx?PrescriptionMedicinePattern=1&BillCompany... 14-10-2023

Prognosis: EXPLAINED Doctor Remarks:

Age 2 year 2 month

Referred from MSH by Dr Minal Kekatpure for eye evaluation C/o GDD with spastic quadriplegic CP, microcephaly, seizure disorder Consulted Vittala institute of ophthalmology- advised nil intervention in view of clear visual axis H/o intrauterine infection- CMV

MRI Brain-Deep WM cystic encephalomalacia changes with PVL changes EEG multifocal IEDs 2D echo- shows 3 tiny VSDs

Birth h/o: FTND, delayed cry, Birth weight-2.9kg, NICU admission- 29 days,neonatal hypoglycemia, neonatal seizures

O/E:

Wandering eye movements Bruckers test- dull glow BE

Retinoscopy shows -15D in both eyes. However, retina does not show myopic changes. Appears to have lenticular myopia in both eyes

To plan for BE EUA with BE LA+PPC+AV+PCIOL under GA (RE first) under extreme GVP in v/o CVI after cardiology and neurology clearance

Nutritional Advice : As per physicians advice

Plan of Care:

Counselling. PAC. To show report to Dr. Minal Kekatpure.

To plan for BE EUA with BE LA+PPC+AV+PCIOL under GA (RE first) under extreme GVP in v/o CVI after cardiology and neurology clearance

Review after 1 day on 16/Oct/2023 / OR SOS

Dr. PRATIBHA PANMAND Consultant-Ophthalmologist Reg. No. MAH 2004 0000130KTK NARAYANA NETHRALAYA

http://11.1.1.152:7878/Prescription.aspx?PrescriptionMedicinePattern=1&BillCompany...

14-10-202



Instruction for Pre & Post Surgery Patients Caenera

Patient's Name: 1

Sangeetha mondal M.R.No.: 1070973

Doctor's Name:

Dr. Pratible Danmand (Excluding Pre and Post Investigation, Medicine, Food and Room)

1 Need to bring Instruction form and patient Id card on the day of surgery and show at the main reception.

- 2 Take head bath before coming for surgery or one day before the surgery.
- 3 Please avoid any makeup, especially eye makeup on the day of surgery. Ensure that there is no nail polish as well. All jewellery (necklaces, chains, bangles, earrings and nose ring) should be removed at home before coming to the hospital.
- 4 The Local Anaesthesia (LA) patient should have their breakfast and medicines at home before coming for the surgery.
- 5. Patient should bring all the medications they are taking for systemic illness for example: Hypertension (BP), Diabetes (DM) on the day of surgery.
- 6. Only 1 attendant for adult and 2 attendants for children should come with the patient at the time of admission, bed is provided only for the patients.
- 7. Most of the surgeries are day care, if the patient wants to stay, ward charge to be payable as per ward rates.
- 8. GA and MAC patients should get admission one day before the surgery, ward will be provided as per the priority and the patient can also change the ward by paying ward charge separately.
- 9. Cashless Corporate Policy: 1. Details of TPA and Insurance Co. 2. Emp Id card and Corporate details. 3. Emp's PAN/ Aadhar Card (Mandatory). 4. Valid Photo Id Proof of Patient: Aadhar Card/ Driving licence/ Passport. Provide the documents to insurance desk in our hospital 4 days prior to the surgery. For the second surgery please sign the pre-authorisation form before leaving the hospital after taking the date for surgery.
- 10. Cashless Individual Policy: 1. Details of TPA and Insurance Co. 2. Current year and last two years policy copies. 3. Valid Photo Id Proof of Patient: Aadhar Card/ Driving licence/ Passport. 4. Primary policy card holder's PAN and Aadhar Card. Provide the documents to insurance desk in the hospital 4 days prior to the surgery.
- 1. Cashless insurance patient has to sign for the entire cashless document before getting discharged.
- 2. Surgery payment should be done at the time of admission, if surgery is cancelled surgery payment will be refunded by Cheque/ NEFT within 10 working days, for special lens and injection advance amount should be paid early.
- 3 Payment mode: At the time of admission insurance patient has to deposit difference in the package and p approval amount. If we get final approval by 5 pm paid in cash will be refunded by cash only, if paid by any card, UPI, bank transfer refund form to be filled and it will take 10 working days for NEFT/ Cheque/

ECHOCARDIOGRAPHY REPORT



Patient Name

: Ms. Sangeetha Mandal

Gender/Age

: Female , 2 Year 3 Months

Patient MRN
Procedure Date

: 10020001685548 : 10/10/2023 06:02 PM

IMPRESSION

: • {S, D, S} LEVOCARDIA

TINY ANTERIOR UPPER MUSCULAR VSD'S L TO R SHUNT

NORMAL VALVES CHAMBERS
 NORMAL PA PRESSURE

CONFLUENT BRANCH PA'S
 GOOD BIVENTRICULAR FUNCTION

SEGMENTAL ANALYSIS

ABDOMINAL SITUS
CARDIAC POSITION
SYSTEMIC VENOUS DRAINAGE
PULMONARY VENOUS DRAINAGE
ATRIOVENTRICULAR CONNECTION
VENTRICULOARTERIAL CONNECTION
VENTRICULAR LOOP
Solitus
Levocardia
Normal
Concordant
Concordant
Concordant

ATRIA

LEFT ATRIUM : Normal RIGHT ATRIUM : Normal

ATRIOVENTRICULAR VALVES

MITRAL VALVE : ANNULUS(mm): 17
TRICUSPID VALVE : ANNULUS(mm): 15

VENTRICLES

LEFT VENTRICLE : Normal RIGHT VENTRICLE : Normal

SEPTAE

INTERVENTRICULAR SEPTUM : Three tiny anterior upper muscular VSD's, L to R shunt (single i

INTERATRIAL SEPTUM : Intact

SEMILUNAR VALVES

AORTIC VALVE : ANNULUS(mm): 11
PULMONARY VALVE : ANNULUS(mm): 12

GREAT ARTERIES

AORTA : Normal

PULMONARY ARTERY : Confluent branch PA's RPA - 8mm, LPA - 10mm

ARCH : Left arch
PDA : Absent
CORONARY ARTERIES : Normal

DOPPLER MEASUREMENT

MITRAL : Normal AORTIC : Normal

TRICUSPID : Mild TR, TR PPG - 23mmHg

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Narayana Institute of Cardiac Sciences

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