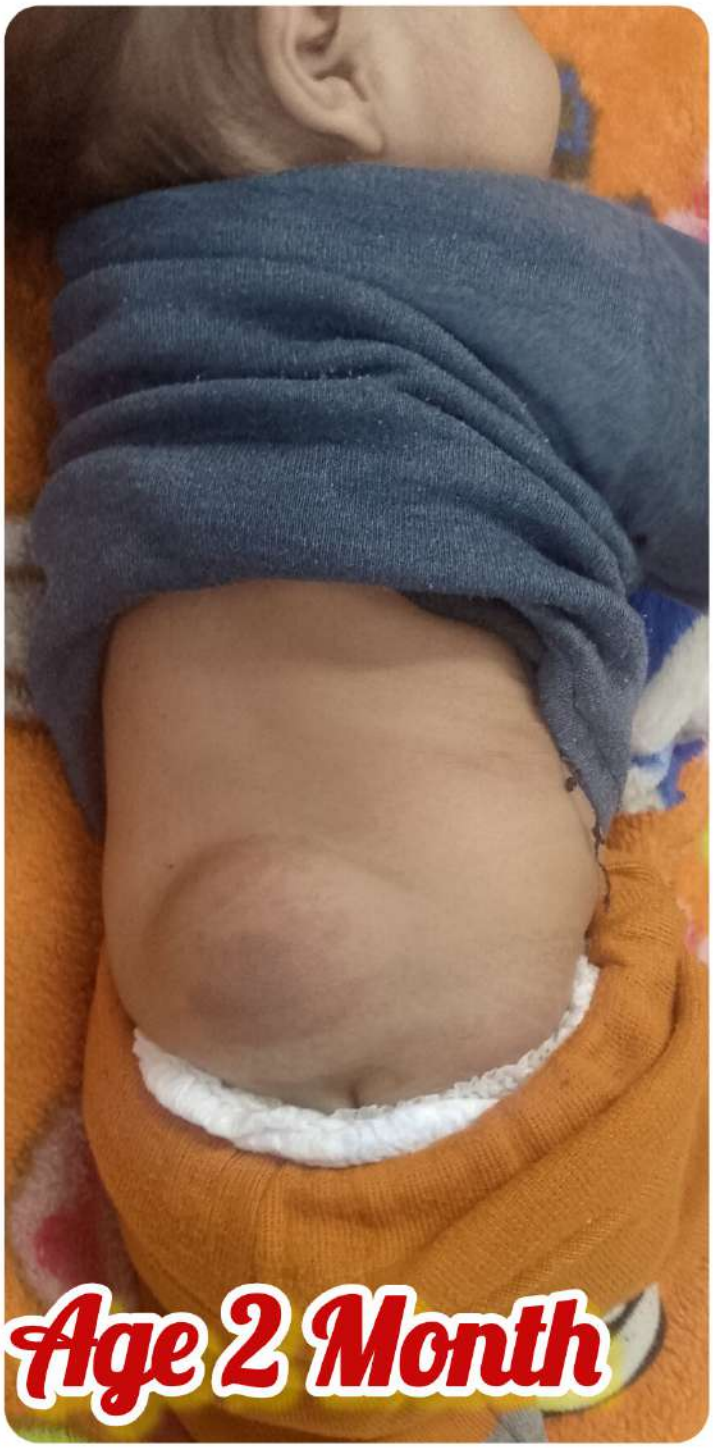

Tanvi


Age 2 Month

Govt. of NCT of Delhi

CHACHA NEHRU BAL CHIKITSALAYA

(An Autonomous Institute under Govt. of NCT of Delhi)

Geeta Colony, Delhi-110031

DIFFICULT AIRWAY.

PRE ANAESTHETIC EXAMINATION

PAC No. 188/128/01

DATE 22/1/20

NAME Tanvi AGE 2m/F SEX WEIGHT 4.5kg CR NO. 0899. SURGEON PSp

DIAGNOSIS Meningomyelocele OPN. PROPOSED Repair

HISTORY

Cough +-
Expoctoration + -
Dysphoen Cr. I, II, III, IV
Exercise Tol.: Good Av. Poor
Asthma +- -
Jaundice + - ~~fever~~ ⊕ x3d before

Pain Chest + -
Palpitation + -
Cyanosis + -
Ocdema + - —
Hypertension + -
Allergy + -
Neck/Back problem + -

Vomiting + -
Diarrhoea + - FTNVD @ hosp
Convulsion c AB,
Fainting + - — No NICU adm
Diabetes + -
Bleeding disorder + - No cyan
Family H/O bl. dis. + -

Any drug therapy:
Previous illnesses:
Previous Anaesth. & Surg +- —

GENERAL EXAMINATION

Pulse born 130/min
BR mmHg
R.R. hpm 32/min
Temp. afeb
Paller + - —
Clubbing + -
Jaundice + - —
Cyanosis + -

Oral Hygeine Infant airway
Loose teeth +
Absent teeth +
Artificial Denture + -
Jaw Movement
Neck —
Thytomental Distance
Mallampati class

Intubation Dit ⊕ -
Airway small mouth.
Malnutriton/Obesity Normal
Psych.status-Calm/Apprehensive/Unstable
Veins ⊕
Any other finding

Club by cheeks ⊕. small eyes ⊕
Lumbar swelling ⊕

SYSTEMIC EXAMINATION

Resp. S. B/L AE ⊕, clear
C.V.S. S1S2 ⊕, no murmur.
C.N.S. —
G.I.T. —
Spine lumbar swelling ⊕.

Hb/PCV 12.5g	Urine R/M- Albumin Suger	S. Elect (130) 537	Blood Gas
TLC (24.9)	Bl. Suger	LFT WNL.	-
DLC	Bl. Urea 11	Pr. time	APTT-
~~ESR~~ Plt: 370.	S. Creat. 0.15	PFT	TFT -
X-Ray Chest		ECG	ECHO -

REMARKS: Including special investigation. Fitness status& problems etc.

Accepted in ASA Cr I, II, III, IV, V, F

INSTRUCTIONS

1. Peds medn ⊙ to r/o other cong anomalies
2. R-PAC / Temperature monitor
3. Optimise TLC → Rpt CBC, BT, CT.
4. CNBG Grest 2D Echo done. - I/w high risk / Arrange blood products.

PRE.ANAESTI-IETIC ADVICE

1. Nil orally after AM/PM on
2. Blood required Yes/No. Units
3. Premedication

(NAME & SIGNATURE OF THE ANAESTHESIOLOGIST)

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NABH

RADIOLOGY DEPARTMENT
ULTRA SOUND REPORTING FORM

PATIENT NAME:- TANVI
NO.:
AGE/SEX:- 2m/F
DEPT./UNIT:- 5th Floor
DATE: 24/1
OPD/CR 2026000152314
6737.

CLINICAL HISTORY:-

PROCEDURE:-

USG KUB & Cranium + Spine - Fluid

FINDINGS:- Congenital Anomaly

KUB - UB - partially Distended
- RT (K) - 5 X 2.5 cm (N) echopattern, Mantan CMD
APRPD ~ 8 MM
- LT (K) - 5.5 X 2.6 cm (N) echopattern, mantan CMD
APRPD ~ 7 mm
- both ureter Not Agudate visualize on US

Cranium - ventricular System does not show Significa

IMPRESSION:- Dilatation
- Not Definite focal lesion seen on brain parenchyma

Please correlate clinically-

Signature with name of RADIOLOGIST
Date:-

Spine - A lobulated ~~cy~~ complex cystic lesion, measuring ~ 3.4 x 2 x 3.2 cm is seen in the subcutaneous plane of back in lumbo-sacral region, showing communication & spinal canal & theca sac. CSF & solid components are seen to pass into the lesion from the spinal can

CNBC - 156

T.O

3.4 x 2 x 3.2

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RADIOLOGY DEPARTMENT
ULTRA SOUND REPORTING FORM

DATE: 24/1

PATIENT NAME:- TANVI
NO.:
AGE/SEX:- 2m/F
DEPT./UNIT:- 5th Floor
OPD/CR 2026000 1523147
" 6737.

CLINICAL HISTORY:-

PROCEDURE:-
USG KUB & Cranium + Spine - Pulse-

FINDINGS:- Congenital Anomaly

KUB - UB - partially Distended
- RT (K) - 5 x 2.5 cm (N) echopattern, Mantan CMD
APRPD ~ 8 MM
- LT (K) - 5.5 x 2.6 cm (N) echopattern, mantan CMD
APRPD ~ 7mm
- both ureter Not Aqudate visualize on US &
- ventricular system does not show Significant Dilatation

Cranium - IMPRESSION:-
- Not Definite focal lesion seen on brain parenchyma

Please correlate clinically-

Signature with name of RADIOLOGIST
Date:-

Spine - A lobulated complex cystic lesion, measuring 3.4 x 2 x 3.2 cm is seen in the subcutaneous plane of back in lumbo-sacral region, showing communication with spinal canal & thecal sac. CSF & solid components are seen to pass into the lesion from the spinal canal

CNBC-156
P.T.O.

CHACHA NEHRU BAL CHIKITSALAYA

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ADMISSION SHEET

AME: Tanvi

UNIT HEAD: ~~Dr CR Gupta~~

GE/SEX: 2m/F

DEPT: Surg

UNIT: ~~b~~ I

R.NO: 0899

UHID :

D.O.A: 20/1/26

D.O. Discharge:

ovisional Diagnosis : Hydromeningocele ? Femur Fracture.

	Final Diagnosis	ICD-10
Primary Diagnosis :		
Associated Diagnosis :		
Complications :		

urgical / Medical Procedures Done		Blood Components Therapy	
Date	Name of Surgery / Procedure	Date	Name of Blood components transfused

/eight Chart										
ate										
/eight										

nthropometry					Antibiotics Therapy		
	Observed	Expected	%	Other Anthro	Name	Started on	Stopped on
t (Kg)	4.5 kg	6 kg	10th percentile				
/L (cms)	58cm	61cm	10th percentile				
C (cms)							

ischarge Plan

admission within 48 Hrs. of discharge from CNBC (Yes/NO):_____

CU transfer (Yes/No):_____DOT in:_____DOT out:_____

PT

5th Floor

Radiology - Test Request

CLOSE

The Test Request Was Sent. What Do You Want To Do Now?

PRINT | UPDATE | REQUEST SAMPLE AGAIN | FINISH

Patient Name	Baby Tanvi
CR No.	2026000899
Age/Sex	2 M/F
UHID	0001523147

☐ Chest Lateral (One Film)

Patient Mobile? Yes ○ No ● Allergy Known? Yes ○ No ●
Hyperthyreosis Known? Yes ○ No ● Pregnancy Possible? Yes ○ No ●

Clinical Information:

Requested Diagnostic Test: Chest X-Ray

23/1/26

Consent:

I ..... Parent/Legal Guardian Of **Baby Tanvi** Age **2 M**, D/O Of Akash , Do Hereby Consent For My Child To Undergo The Above Mentioned Procedure Investigation. I Have Been Informed That If Necessary He/She May Be Administered Drugs/ Intramuscularly/ Orally. The Possibility Of Risks, Reaction, Nature And Consequences Of The Above Mentioned Investigation/Procedure Has Been Explained To Me. I Hereby Give Consent For The Investigation/Procedure .

Parent/Legal Guardian Signature .....
Date.....

Receptionist's Signature.....

Date: 23/Jan/2026 **Advised By:** Unit-II (Pediatric Surgery)

X-Ray Nr.: **R Cm²:** **X-Ray Tech.** **Date**

Notes / Initial Findings:

Date **Reporting Doctor**

Chacha Nehru Bal Chikitsalaya

Raja Ram Kohli Marg, Geeta Colony, Gandhi Nagar,EAST,DELHI,Pin. 110031 EAST Delhi

ADMISSION TICKET

Department : Paediatric Surgery

Unit : Unit 2 Head Dr Chhabi R Gupta

Ward / Bed No : PEDS SURGERY WARD / on Floor

Admitting Doctor : CHHABI_9990131682

IPD ID : 260000715

Admission Date : 20/01/2026 02:10 PM

ABHA ID :

Admission Fee : ₹

Patient Name : Ms. TANVI

UHID : 20260006737

Age / Sex : 2 Month(s) / Female

Mobile : 7703966730

Address : H N 381 TAHIR PUR , EAST , DELHI

Billing Type : General

MLC Patient : No

Scheme : No Scheme

Father Name : AKASH

Diagnosis :

Admission Type : GENERAL

Reason for admission : Emergency

Attendant Name : akash

Prepared By : Punit_9990131628

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 30/06/2013

आकाश
Aakash
जन्म तिथि/DOB: 29/10/2001
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

7794 5360 6815

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
द्वारा: प्रदीप कुमार, एच.न.1576, नई टिल्पत कॉलोनी
टिल्पत, अमरनगर, अमरनगर, फरीदाबाद,
हरियाणा - 121003

Address:
C/O: Pradeep Kumar, H.No.1576, New Tilpat
Colony Tilpat, Amarnagar, PO: Amarnagar,
DIST: Faridabad,
Haryana - 121003

Details as on: 16/06/2024

7794 5360 6815

VID : 9180 5193 4334 6683

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