



# SMILE N CARE FOUNDATION

**"TOGETHER WE CARE, TOGETHER WE SMILE"**

REG NO- 2025/4/IV/557  
PAN NO- ABLTS3460N  
Unique ID: DL/2025/0572597  
[www.smilencare.org](http://www.smilencare.org)  
[info@smilencare.org](mailto:info@smilencare.org)

## PATIENT DETAILS

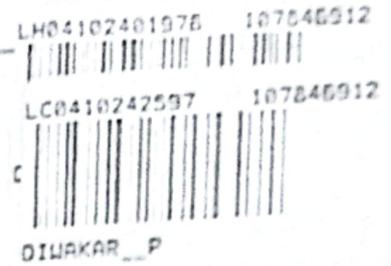


NAME	DIWAKAR PRAKASH
FATHER NAME	MR LALAN PASWAN
DATE OF BRITH / AGE	2 -YEAR-OLD
SEX	MALE
DISEASE	HOLE IN HEART
HOSPITAL	AIIMS
ADDRESS	VILL POST-MADHOPUR KESHO,THANA-RAJEPUR,EAST CHAMPARAN, BIHAR 845406, INDIA
U.H.I.D NO	107846912
DEPARTMENT/ DIAGNOSIS	PAED. CARDIOLOGY
EST TREATMENT COST	1,25,000/-

**Join us in making a difference! Smile N Care Foundation is reaching out to support underprivileged children in need. Your contribution, big or small, can bring hope and happiness to their lives. Together, let's ensure no child is left behind. Today to be a part of this noble mission.**



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
 ब० रो० वि०  
 अ० भा० आ० सं०, नई दिल्ली-110029  
 Cardiothoracic & Neurosciences Centre, O.P.D.  
 A.I.I.M.S., New Delhi-110029



दिनांक/Date

विभाग  
 Deptt.

र०

Cardiology  
 Paed. Cardiology

UHID: 107846912

यू०एच०आई०डी०ए  
 UHID No.

Name DIWAKAR PRAKASH

10M/M

S/O LALAN PASWAN  
 Phone No. 8292736911  
 Consultant Room 18  
 SR Room 14

General  
 Dr. Lamk Kadiyani.  
 DR SUAD

Prv. Reg. No.



Diagnosis

ACHD | PM-VSD | Moderate sized  
 restricted by STL L → R shunt  
 Dilated RA/LV. Down's syndrome  
 90 recurrent pneumonia since 3 months of  
 age  
 requiring hospital admissions.  
 Evaluation @ 3 months → Heart disease &  
 Down's syndrome.  
 Came for surgical evaluation.  
 on DBF + complementary feeds.

SPO<sub>2</sub> - 100%  
 wt - 4.8 kg

12/01/2026

Please share your feedback to improve our hospital on the Website link: [meraaspataa.nhp.gov.in](http://meraaspataa.nhp.gov.in)



# DIVAKAR PRAKASH

## ECHOCARDIOGRAPHY REPORT

कृपया फोटो  
यह कापी फा  
Please get  
This is for

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

NAME Divakar Prakash AGE 10m / M SEX MF DATE 14/2/2026  
 ECHO NO. 2401 CV NO. \_\_\_\_\_ UHID NO. 109846912 C.R. No. \_\_\_\_\_  
 HEIGHT \_\_\_\_\_ cm WEIGHT \_\_\_\_\_ Kg. BSA \_\_\_\_\_ m<sup>2</sup> ref. Physician Dr. Kamal

Referring Diagnosis

Quality of Imaging Poor/Adequate/Good Done by Dr. Swaminathan 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 \_\_\_\_\_ cm<sup>2</sup>  
 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/Doming/Vegetation  
 Doppler Normal/Abnormal  
 Pulmonary stenosis Present/Absent Level \_\_\_\_\_  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary Regurgitation 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 \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe



विकिरण नैदानिक विभाग  
अ० भा० आ० सं०, नई दिल्ली-११००२६  
DEPARTMENT OF RADIODIAGNOSIS  
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Diwaker Age/Sex : 1yfm Ref. Deptt./Unit : Date : 14/2/2026  
Indoor (Bed No.) / Outdoor / Casualty UHID No. : 104846912 LMP :  
Examination Required : -Peds .

Clinical History and Examination :

UCG RFB

[ep steading and dribbling  
while micturating]

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :  
Any h / o allergy or asthma :  
(for IVU patients only) :

? PUY

Richie  
SR / Peds

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : \_\_\_\_\_ Room No. : \_\_\_\_\_

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : \_\_\_\_\_ Size / No. of Films \_\_\_\_\_

Date : \_\_\_\_\_ Kvp/mAS: \_\_\_\_\_

Sign. of Radiographer : \_\_\_\_\_

P.T.O.



Report: KUB 14/2/2026

R/L kidneys - (N) size, echo texture, no HDN/cel  
UB - distended, echo free, (N) wall thickness,  
Imp 7 No free flues  
NAD      ↓  
            for info

Sign. of Radiologist / Date :



डा. डॉ. आर. पी. अग्रणी  
 2000  
 10

Measurements	Normal Values		Normal Values
Aorta II	(21-22 mm/m <sup>2</sup> )	LA es	(21-22 mm/m <sup>2</sup> )
LV es 10	(16-19 mm/m <sup>2</sup> )	LV ed 26	(19-32 mm/m <sup>2</sup> )
IVS ed 6.1	(06-10 mm)	PW(LV)ed 62	(07-11mm)
RV ed	(4-14mm/m <sup>2</sup> )	RV Anterior Wall	(Upto 5mm)
EF 60%	(62-80%)		
IVS Motion	Normal/Plat/Paradoxical		
IAS			

**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

**PERICARDIUM**

Normal/Thickened/Calcification/Effusion.

**REMARKS**

+ SS, LL  
 + MRNA  
 + 3PU'S → CA / SVC, IVC → PA  
 + NO OS-ASD  
 + Small Pm USD (+) (L → R).  
 restricted by STR.  
 (Δh ~ 60mmHg)

**TEE**

+ NO TR, Trivial PR  
 + NO MR / AR.

**DIAGNOSIS**

+ (N) BV φ (LVEF ~ 60%).  
 + (L) aortic, NO COA / PDA  
 + NO PE / Uot / Uvg.

**Final Impression**

Imp:- ACHD + Qp / Small Pm USD (+) (L → R)  
 restricted by STR  
 Resident Consultant



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
 ब० रो० वि०  
 अ० भा० आ० सं०, नई दिल्ली-110029  
 Cardiothoracic & Neurosciences Centre, O.P.D.  
 A.I.I.M.S., New Delhi-110029

दिनांक/Date

विभाग  
Deptt.

Cardio

नाम  
Name

Diwakar Paekush

Age

1

यू०एच०आई०डी०सं०  
UHID No.

107896912

पुत्र/पुत्री/पत्नी  
S/D/W

लिंग  
Sex

m

निदान  
Diagnosis

Dr Lawar

Ph - 8292736911

R-184  
18/12/2026

Rest P/M VSD.

wt gain 1kg ~ 5mo

Ad

→ Edro

→ CST.

R/x 6 months

4K

Please allow this pt in dharamshala

वरिष्ठ रेजिडेंट / Senior Resident

हृदय विज्ञान विभाग / Deptt. of Cardiology

C.N. Centre, A.I.I.M.S., New Delhi

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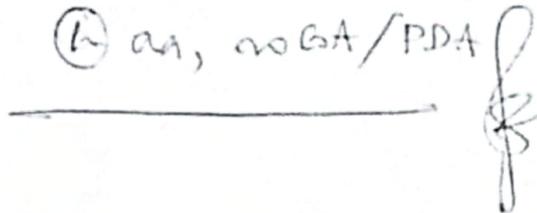


Divyanshu D.

Wed 9 Jan (62)  
SR + Scienc  
repeated IFTI  
LAC

Moderate PMVSD  
LVVO (+) (140-45)  
Normal RV  $\phi$  LVID (22/17)  
No Pivots/LVOTO  
(+) aa, no GA/PDA

Consultant  
2/17



Wed 9 Jan  
Consultant  
(62)

vest. PMVSD  
 $\Delta$  45 mmHg (elevated PAP also  
ducto Down's synd)

LV 30/20  
(N) LV func<sup>m</sup>

slav med RV.

Spw family wrt Down's synd.  
17/9/2025

6 months  
date

Wed 9 Jan  
(62)

SR -> advise  
7/6 months

18/2/2026.

- tubular Pinn VSD  
PA - 55 mmHg
- Favour TR (RVSP 24 TR)
- No MR/AR, No LVVO
- LVID (46) - 22/16
- Normal RV  $\phi$
- wt 10.5 kg IIC

2/1/19 Jan  
30A



दिनांक  
Date

19/2/2026

o/E: vital stable

RS:  $R_L$  AE ⊕, NVRS  
No added sounds

PIA - soft, ND  
No organomegaly

CVS: S, L ⊕.

Advice:

- 2D Echo, CBC, LFT, RFT, CXR

✓ - Continue Syp. Furosemid o/Sml BD

STOP - Tab. Aldactone 3.125mg BD

Echo - small, rest. - Tenoforon drops 5 drops BD

no LVVO

Syp. vit D<sub>3</sub> (1ml/400U) 1ml PO OD.

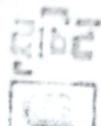
Med FU for CHD  
needs assessment for  
Down's syndrome

- Rv in Peds Genetic OPD on Tue/Fri @ 9am

- Rv  $\bar{e}$  reports.



ब. रो. वि. कार्ड  
O.P.D. Card



अनुभाग व दिन  
Section and Day

कमरा नंबर  
Cabin No.

डा. राजेश

अ. भा.

Dr. Rajesh

A.I.I.M.S

यू.एच.ओ

UHID N

Name



UHID: 107862648

ABHA

Dept No: 20240050129605

LALAN PASWAN

S/O VISHWANATH PASWAN

32Y / M पुरुष

VLL POST MADHOPUR KESHO EAST

CHAMPARAN BHAR INDIA

Mob: 8282738911

New Patient

संख्या / Queue 21

कमरा / Room: 37A

Unit-V

RPC OPD

Dr. Sahil Agrawal

TUE FRI

आम्र. शुक्र



Registration time:

क्रवार  
Friday

एकक

PTA

Press

दिनांक

DATE

निदान

DIAGNOSIS

उपचार Treatment

C/O DOV in BE without <sup>glasses</sup>  
(wearing glasses since 2007)

Patient refused  
for further  
examination  
& fundus  
evaluation

Advice

- ① (Eg) Refraction  
(near & far)
- ② wear glasses.
- ③ F/U after 1 week  
or SOS

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

1. धूमपान निषेध 2. कड़ा कफ्ट केवल कड़ेदारी में ही डालें 3. धूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

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

दिनांक/Date					
विभाग Deptt.	01000	नाम Name	Disabaz Beekash	उम्र Age	11/12
यू०एच०आई०डी०सं० UHID No.	27000/24	पुत्र/पुत्री/पत्नी S/D/W		लिंग Sex	MC
निदान Diagnosis			121112-107246912		

Downing  
Cardiomegaly  
repeated LFT.  
Pulmonary  
sp for  
repeated LFT  
requiring  
nebulizer Rx.  
A.  
Echo  
4-  
21/2/2026

Please share your feedback to improve our hospital on the Website link: [meraaspataa.nhp.gov.in](http://meraaspataa.nhp.gov.in)



DATE: 10/10/2023  
TIME: 10:30 AM  
PATIENT: MR. DILKASH PAKSHI

R

100cm



Mr. Dilakash Pakshi



# SMILE N CARE FOUNDATION

"TOGETHER WE CARE, TOGETHER WE SMILE"

REG NO- 2025/4/IV/557  
PEN NO- ABL/TS3460N  
Unique ID: DL/2025/0572597  
www.smilencare.org  
info@smilencare.org

सेवा मे,

श्रीमान अध्यक्ष जी  
अध्यक्ष बीर्ड ऑफ ट्रस्टी  
स्माइल रून.केयर ट्रस्ट  
मयूर - विहार, फेज - 1, दिल्ली

विषय — औपन - हार्ट सर्जरी के सहायता हेतु  
महोदय,

मैं ललन पासवान जी माधोपुर केशी, राजेपुर, पूर्वी चम्पारण, बिहार में निवास करता हूँ तथा मजदूरी कर अपने परिवार का पालन पोषण करता हूँ। मेरा ३ साल ३ महीने का बेटा दिवाकर प्रकाश जिसके दिल में द्रव है, उसकी हालत गंभीर है। मेरे बेटे का इलाज रूमस हॉस्पिटल से चल रहा है। डॉक्टर ने ऑपरेशन के लिए बताया है जिसका खर्चा '1,25,000' है। मैं एक गरीब परिवार से हूँ, मजदूरी करके घर चलाता हूँ। मेरे पास अपने बच्चे के ऑपरेशन के लिए पैसे नहीं हैं। मैं आपसे हाथ जोड़कर प्रार्थना करता हूँ, मुझे सहायता देकर मेरे बच्चे की जान बचाने की कृपा करें।

For SMILE N CARE FOUNDATION



Authorised Signatory

ललन पासवान

प्रार्थी

ललन पासवान

S/O- विश्वनाथ पासवान,  
माधोपुर, राजेपुर  
चम्पारण, बिहार

Registered Address: B84, Shashi garden, Mayur Vihar Phase I Delhi 110091

Contact: 9717324650 /8468066051





**भारत सरकार**  
Government of India



ललन पासवान  
Lalan Paswan  
जन्म तिथि/ DOB: 10/02/1992  
पुरुष / MALE



**5239 6062 4164**

**मेरा आधार, मेरी पहचान**



**भारतीय विशिष्ट पहचान प्राधिकरण**  
Unique Identification Authority of India

**पता:**  
S/O विश्वनाथ पासवान, 0, 0, ग्राम-पोस्ट-माधोपुर केशो, थाना-राजेपुर, माधोपुर केशो, पूर्वी चम्पारण, बिहार - 845406

**Address:**  
S/O Vishwanath Paswan, 0, 0, Vill-Post-Madhupur Kesho, Thana-Rajepur, Madhopur Kesho, East Champaran, Bihar - 845406

**5239 6062 4164**

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**भारत सरकार**  
Government of India



अलका रानी  
Alka Rani  
जन्म तिथि/DOB: 14/01/1991  
महिला/ FEMALE

Download Date: 24/07/2020

Issue Date: 13/07/2020

**2797 0634 3504**  
VID : 9181 0250 1389 5546

**मेरा आधार, मेरी पहचान**



**भारतीय विशिष्ट पहचान प्राधिकरण**  
Unique Identification Authority of India



**पता:**  
C/O ललन पासवान, माधोपुर केशो, माधोपुर केशो, राजेपुर, पूर्वी चम्पारण, बिहार - 845406

**Address:**  
C/O Lalan Paswan, Ward 13, madhopur kesho, Rajepur, East Champaran, Bihar - 845406



**2797 0634 3504**  
VID : 9181 0250 1389 5546

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