

श्रीवा में

श्रीमान अहयक्ष महीदय

श्री राहु किरण शीशाल लेलनेयल शोभाइटी AL/75  
शिवम लाइटर इन्कलेव इज्जु रोडु मेव शराय नईदिल्ली 110068

विषय -

मरीज उमलेश कुमा (उम 19वर्ष) प्रेन ल्यूम (एवं ओंश  
का दर्जा शीशानी शं मही दिखाई देन के शोभाइटी

महीदय

शेविनय निवेदन यह है कि मैं हीरू पालवान ज्ञान-  
माडनपुर असयवर गया विहाल पिन- 823001 का निवासी  
हूँ मेरा पुत्र उमलेश कुमा (का प्रेन ल्यूम) का बिकारी  
हूँ एवं दर्जा शीशानी का शोभाइटी मही है बिसका  
इलाज नईदिल्ली शराय अस्पताल में चल रहा है  
बिसका प्रेन ल्यूम का ऑपरेशन करवाना है इसमें खर्च  
तीस हजार पाँच सौ (33500) रुपया खर्च बताया गया है  
मैं अपने पुत्र का इलाज करवाने में असमर्थ हूँ कृपा  
आप मेरे पुत्र उमलेश कुमा का प्रेन ल्यूम का ऑपरेशन  
खर्च में शहायता प्रदान करें।

अतः श्रीमान अहयक्ष महीदय

शं मेरा नमू निवेदन प्रार्थना है कि मेरा पुत्र का इलाज  
करवाने में शहायता प्रदान करने का कृपा किया जाए  
मैं इसके लिए अहयक्ष महीदय का आभारी रहेगा।

धन्यवाद

आपका विश्वासी  
नाम- हीरू पालवान  
ज्ञान- माडनपुर असयवर  
पिन- गया शयि-विहाल  
पिन- 823001  
मरीज- उमलेश कुमा

Priority UDIW Dr Rk Sir

### Neurosurgery Admission Date

(Admn No.....)  
 AS AFC(Red)..... Priority(Blue)  
 Routine(Green)..... DSA(Black)  
 Blood(No. Of Units)..... 40  
 Package Amount Rs. 33,500/-  
 Investigations:Hb,TLC,DLQ,Blood Group,APTT,PT,Platelets,Na+,K+,  
 Urea,Creatinine,FBS,ECC,CXR,Urine R/E

PTC-280721111 105495008  
 LC2807211035 105495008  
 UMESI LG280721231-F 105495008  
 LH280721457 105495008  
 UMESI KUMAR

995507  
 29/7/21

दिनांक/Date

विभाग  
Deptt.

यूएचओआईओ  
UHID No.

NS 2021/017/0004312 Neuro Surgery-II Charges Rs. 10.0/-  
 UHID: 105495008 Neuro Surgery  
 Date 27/07/2021 TUE,FRI Gen  
 Name UMLESH KUMAR 19Y 2D /Male  
 S/O CHHOTU PASWAN  
 Phone No. 7488763007  
 Consultant Room 15 Dr.Rajeev Sharma  
 SR Room:  
 Registration Time: 8.30 AM - 10.30 AM Thursday Only: 12.30 PM - 2.30 PM

### Diagnosis

UVA 1.4x4 x 3.9 x 3.0 cm

27/7/21  
 MR (5/7/21)  
 Sellar, suprasellar  
 soc, contact  
 enhancing  
 pituitary not  
 separately seen.  
 sellar enlargement  
 - Giant pituitary  
 macroadenoma

nhkzn  
 TSH : 6.218 (0.35-5.5) ↑  
 Testosterone: 258.59 normal  
 Prolactin - 11.52 (2.01-17.7) ⊙  
 GH : 4.63 (< 7.0) ⊙  
 Loss of vision A @ eye since Nov 2020.  
 @ eye x 10 days.  
 H/O headache. m/s off.  
 not atw vomiting.  
 H/O seizure 1 yr back.  
 No H/O motor deficit.  
 No cushings/ Acro features

o/e  
 u/s - EuVMB.  
 B/c PL ⊕ V.  
 pupl - B/c dil, NRL.

- Adv ① hormones: GH, IGF-2, So cortisol SAM, So prolactin serial delctn  
 TFT  
 ② RPE - VAVS fundus  
 ③ Dos ⑧ Cranial SICK

④ Endocrine openers



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरमाद्यं खलु धर्मसाधनम्

OPR-6

एकक/Unit \_\_\_\_\_

विभाग/Dept. Endocrinology

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
UMLESH KUMAR	s/o Chhotu Paswan	19YM	19Y <sup>08</sup>	Maranpur Akshwat, Gaya, Bihar

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
29/07/21	19y 1m, s/o Chhotu, college student.
BP - 111/71. HR - 70/min	ppw dots of vision R eye x Nov 2020.
B12 PL - ve.	ppw dots of vision L eye x 10 days.
Wt - 51kg, Ht - 155cm	no headaches, intermittent x 1 month.
FBS - 78	no ? syncope in 2019 - hypotension then
Urea - 16/0.7	no similar episodes (hypotension) seized since.
Na/K - 13.7/4.08	no 1d micellar growth x 1 year.
AST/ALT - 91/59	no autoimmune/lymphoid features.
T. Prolin AUA - 7.1/4.8	no polyuria/nocturia/polydipsia.
Ca/PO4 - 9.2/3.09	MRI Brain - sella - suprasellar (07/12) SOL, contrast enhancing, pituitary not seen separately. - pituitary no adenoma. (4.4 x 3.9 x 3cm) compression of optic chiasm + optic nerve on both sides. no ev. apoplexy



/ एम्स का यही संकल्प, स्वच्छता से काया कल्प  
द्वारा / ORGAN DONATION - A GIFT OF LIFE  
44, www.orbo.org Helpline - 1060 (24 hrs service)



Monday  
Wednesday

Outside reports. (11/7/21)

TSH: 6.218

Tetrahydrocort: 2.58 ug/ml

Prolactin: 11.52 ug/ml

GH: 4.63 ug/ml

O/E TU B/L 12 ml

P4

wt - 51 kg

HT - 155 cm.

as/b on yammani.  
Adv

To do 8 am cortisol,  
fT4, TSH, LH, FSH, Test,  
PRL,

mainly give  
appt at 1 week  
~~6/8/21~~  
4/8/21  
Jandel

RW reports. > Weekly

डॉ० शेर्या शर्मा  
DR. SHERYA SHARMA  
डॉ० (बाल रोग)/M.D. (PEDIATRICS)  
एम डी. डी.एम. (एन्डो)/M.D., DM (Endocrinology & Metabolism)  
सह आचार्य/Associate Professor  
अन्तःस्त्राविकी एवं चयापचय विभाग  
Dept. of Endocrinology & Metabolism  
आ.सं. नई दिल्ली-110029  
A.I.I.M.S., New Delhi-110029

**PRE-ANAESTHESIA CHECK-UP**  
**DEPARTMENT OF NEUROANAESTHESIOLOGY, NEUROSCIENCES CENTRE,**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029.**

PAC Regn. No.

Date

NAME

Age / Sex

NS OPD No./ C.R. No.

Referring consultant

Diagnosis

Proposed Operation/Proc

Contact Tel. No.

Address

**PAC 2021/PAC/153** Neuro Anesthesia. Charges Rs. 10/-

**HISTORY**

UHID: 105495008

Pre-Anaesthesia

Date 05/08/2021 WED,THU,SAT

Name **UMLESH KUMAR**

19Y 9D /Male

S/O CHHOTU PASWAN

Phone No. 7488763007

Consultant Room 11

SR Room:



3

*c/o*  
 ① loss of vision @ eye since Nov. 2020  
 ② H/O headache on & off associated c/ vomiting  
 H/O of seizure 1 episode 1 year back

**CARDIO-VASCULAR SYSTEM**

(Hypertension, Chest pain, Dyspnoea (on exertion/ on or at night + T/t)

*3kg in 1 month  
 wadem body*

**RESPIRATORY SYSTEM**

Asthma, PTB, Chronic/ Re Hemoptysis Sleep apnoea

**ENDOCRINE SYSTEM**

(Diabetes, Thyroid-unexplained weight gain/weight loss excessive heat/ cold + T/t)

**NERVOUS SYSTEM**

(Seizure/ Headache/ Unconsciousness/ Limb weakness/ speech difficulty + T/t)

**GASTRO-INTESTINAL SYSTEM**

(Jaundice, Indigestion or heartburn + T/t)

**URO-GENITAL SYSTEM**

(Kidney or urinary trouble + T/t)

**BRUISING OR BLEEDING PROBLEM**

(+ T/t)

**OTHERS** (Motion sickness, any hospital admission, blood transfusion, recent/ Chronic fever, any allergy, Pacemaker or any implants, LMP)

*giddimen*

**SMOKING, ALCOHOL CONSUMPTION**

Any previous operations/ Procedures under anaesthesia

- 1) ..... Under LA/GA/SAB on ...../...../..... at ..... Hospital, any Complications?.....
- 2) ..... Under LA/GA/SAB on ...../...../..... at ..... Hospital, any Complications?.....

**PRESENTING COMPLAINTS & DURATION**

*visual - PL ⊕ - ⊕/⊕  
 PL - ⊖*

**PHYSICAL EXAMINATION**

Body Weight *51* Kgs.

Height *159* cms.

Pallor *+* Icterus *-*

Cyanosis *-* Clubbing *-*

Oedema *-*

Ascites

Temperature *-*

Pulse *90* beats/ min.

BP ...../ .....mm Hg

SpO<sub>2</sub>.....%

Venous Access

Eyes: (Ptosis/ Proptosis) Yes/ No *PL ⊕  
 PL ⊖*

Any abnormal movements *-*

**AIRWAY ASSESSMENT**

Mouth Opening: Normal/ Restricted

Uvula: Central/ Deviated

Mallampati Score *II*

Teeth: Loose / Buck/ Dentures/ Edentulous/ Missing Teeth

Receding Mandible: Yes/ No

Neck: Normal/ Short/ Swelling

Neck Movemnets: Normal/ Restricted

Thyromental Distance: *> 5.5* cms.

Mentohyoid Distance: .....cms.

DIFFICULT AIRWAY ANTICIPATED: Yes/ No

**CARDIO-RESPIRATORY SYSTEM**

RR: *16* breaths/min Accessory muscles (At rest): Normal/Active

Chest expansion: Equal/ Unequal

Breath Holding Time.....Seconds *> 30 sec*

Auscultation: Breath sounds *B/L N/VB + wt*

Air entry *+ wt*

Any abnormal sound/s

Heart sounds: *S<sub>1</sub> S<sub>2</sub> w/ft* Murmur/s, if any

Neck veins

Any other finding/s

**CENTRAL NERVOUS SYSTEM**

Conscious / Unconscious Alert / Drowsy cooperative / Restless

Cranial Nerves: (N)

Cerebellar Signs:

ABDOMEN: Liver

OTHERS:

**INVESTIGATIONS**

Hb ..... 11.5 gm%

TLC: 6480 wfc

Bld. Sugar: Fasting 78

BU.....16.....mg%

Liver Function Tests: T. Protein

Coagulation Screen: BT

ECG:

X-RAYS: Chest WNL

**PULMONARY FUNCTION TESTS**

FVC Actual .....% Predicted ..... FEV<sub>1</sub>/FVC ..... PEFR Actual .....% Predicted .....

ABGs: pH..... pO<sub>2</sub>.....mm Hg pCO<sub>2</sub>.....mm Hg HCO<sub>3</sub> .....m Eq/ L BE .....

CT Scan (No/ Date)

MRI (No/ Date) 5/7/21 - sellar, supra sellar

Angiogram (No/ Date) sol, contrast

OTHERS (Trop I/ CK-MB/LDH/ D-dimers etc.)

RISK GROUP STATUS (ASA Grade)

OPINION

1. FURTHER NEEDS a) ..... b) ..... c) .....

2. CONSULTATION TO [ ] Cardiology [ ] Respiratory [ ] Hematology [ ] Any other.....

3. (A). FIT FOR PROPOSED ELECTIVE OPERATION/ PROCEDURE UNDER G.A. [ ]

(B). ACCEPTED FOR PROPOSED ELECTIVE EMERGENCY OPERATION/ PROCEDURE

UNDER G.A./ MAC WITH HIGH RISK. [ ]

(C). PATIENT MAY BE ADMITTED..... DAYS BEFORE THE PROPOSED OPERATION/ PROCEDURE

(D). UNFIT FOR PROPOSED ELECTIVE OPERATION/ PROCEDURE UNDER G.A. [ ]

(E). TO BE REVIEWED ON/ AFTER .....

(F). INSTRUCTIONS & ADVICE/s

1. CONSENT: ROUTINE/ HIGH RISK

2. BEFORE OPERATION

(I). "DRUGS TO BE STOPPED" a).

(II). Arrange adequate Blood/ Blood products

3. ON THE DAY OF OPERATION/ PROCEDURE.

"DRUGS NOT TO BE TAKEN"

(a).

(b).

(c).

4. Investigations to be done on the Morning of operation/ procedure.

(a).

(b).

b).

(iii). NPO after .....

"DRUGS TO BE TAKEN"

(a). Antisialogogue .....

(b).

(c).

(c).

GCS: E 4 V 5 M 6 PUPILS: Size 3 Reaction To Lig.

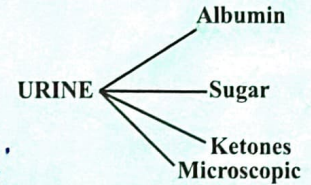
Motor System:

SPINE:

Spleen

Moving all 4 limbs

Kidneys



Hepatitis My / HIV Ny

P L M E B

Random PP HbA1C.....%

S. Creat. ....0.7 mg% S. Na/ K/ Ca 137/48

Alk. Phos. S. Billirubin

PT 12 INR 1.1 Pts.

ECHO:

Neck

OTHERS

opthal - BIL optic atrophy  
separately seen sellar enlargement  
GIANT macroadenoma

TSH - 6.21 (0.35 - 5.5) ↑

Prolactin - 11.52 - (N)

GH - 4.67 - (N)

pt on w/syloune 5mg  
T. Cellaxin 50ug

Adv  
DEAC, EAS,  
RFT, ECG,  
S. diuretic  
Endocrine epineph  
SEEN BY

Signature  
Name:  
DESIGNATION:

TIN NO : 07370392585  
D.L.No. S(1442)/13/R

अस्पताल/A.I.I.M.S. HOSPITAL  
भाग /Out Patient Department



मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

AIIMS UHID : 105495008  
DC NO : 58046 TOKEN NO : 711  
Patient Name : UMLESH  
Address :  
Date : 04-08-21 16:05:05  
Type : Free Distribution  
Pharmacist : SUPERVISOR  
Speciality : ENDOCRINOLOGY, METABOLISM

कमरा / Room  
**C-319**  
Unit-I  
Endocrinology  
Issue No: N37

OPR-6

04/08/2021

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

Content Name	Rack	Batch	Exp	Qty
PREDNISOLONE 5 MG CT4186			07-22	20
THYROXINE 50MG TAB 210037			09-22	100

सोम, बुध  
MON, WED



Printing: 10:00  
1-10:30 AM

गं EX	आयु Age	पता/Address
		Enelo 105495008

Total Item : 2  
Total Qty : 120

दिनांक/Date

उपचार/Treatment

DR ISH  
WLSIG

Pituitary Macroadenoma to Hypothyroidism & Hypoparathyroidism

T. Loxstone 5 mg ABF  
8 km.

T. Eltroxin 50 mg only  
Abnormal very many  
after 3 days of therapy  
with Loxstone

PL is cleared for surgery.  
after therapy. If FTH is (N) which  
is expected after 2 weeks. Janded

डॉ. यशदीप गुप्ता/Dr. YASHDEEP GUPTA  
एम.डी., डी.एम. (एन्डो)/M.D., DM (Endo.)  
सह आचार्य/Associate Professor  
अन्तःस्राविकी एवं चयापचय विभाग  
Deptt. of Endocrinology & Metabolism  
अ.भा.जा.सं., नई दिल्ली/A.I.I.M.S., New Delhi-29

ब० रो० वि० कार्ड  
O.P.D. Card



अनुभाग व दिन  
Section and Day

बृहस्पतिवार  
Thursday

कमरा नंबर  
Cabin No.

डा० राज  
भा  
Dr. Raj  
A.I.I.M.  
यू०एच०३  
UHID

General

Consultation Time: 9.00 AM-1.00 PM



DeptSeq: 1062

105495008

Dept: R. P. Centre  
(Eye Centre)

Dept. Regn. 2021/005/0027734

Unit: Unit-I

Name: Mr. UMLESH KUMAR

Room: 1

S/O CHHOTU PASWAN, 19Y, M

N/20

Ph: 7488763007

Days:

14 MARANPUR AKSHAYWAT MARANPUR GAYA,  
BIHAR, INDIA

App. Date:  
02/08/2021

Nam

Appt. ID:



2021080201637

पता  
Address

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
	BLE optic Atrophy	
	PL ⊕ - ⊕ PL ⊖	RE X Nov 2020, LE X 15 days
	10P C II Dilated Pupils Non teaching	OP OS Comities (N) (N)
	Keleto GPA Pituitary adenoma 2 Involvement B/L Corneas Sun	Cornea clear clear Ac. VHy VHy No cells, No cells flar flar Cm clear clear

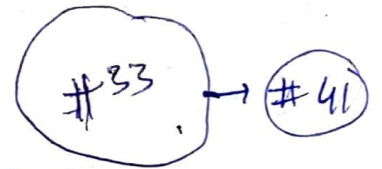
कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।  
Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं

1. No Smoking 2. Use Dustbin 3. No Spitting



- NOV
- NOC opinion.
- Dr Rebecca main



please  
Heitesh

C/O/w Dr. Rohit Saxena

Dr → BE optic atrophy

Adv → no intervention needed.  
Nil visual prognosis.

7<sup>th</sup> floor → visual rehabilitation

(E7) → disability certificate

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।

इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें।

Eyes are God's most precious gift to man kind and eye donation is the most noble deed.

Take full care of them so that they can take care of you.



भारत सरकार

Government of India



Download Date: 28/12/2020



उमलेश कुमार

Umlesh Kumar

जन्म तिथि/DOB: 03/02/2002

पुरुष/ MALE

Issue Date: 14/12/2020

**2255 7346 5553**

VID : 9174 3877 8938 6249

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

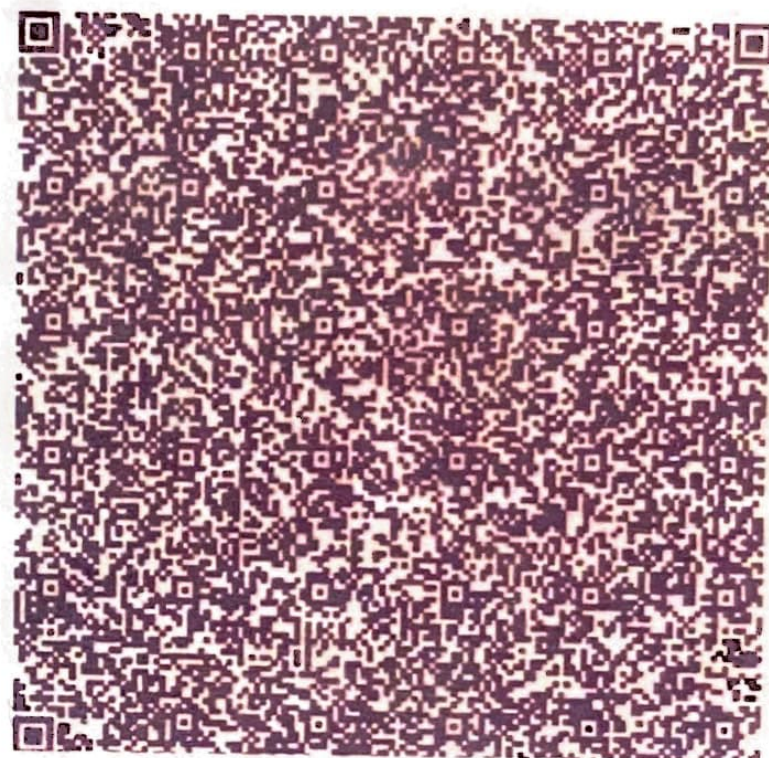


पता:

S/O: छोटू पासवान, 14, माडनपुर, अक्षयवट, माडनपुर,  
गया, गया,  
बिहार - 823001

**Address:**

S/O: Chhotu Paswan, 14, Maranpur,  
akshaywat, Maranpur, Gaya, Gaya,  
Bihar - 823001



**2255 7346 5553**

**VID : 9174 3877 8938 6249**



1947



help@uidai.gov.in



www.uidai.gov.in

# अंशदान का विवरण

2996/33204

प्रपत्र-xxxii

बिहार भूकाम एवं अन्य सन्निर्माण कर्मकार कल्याण बोर्ड  
(देखें नियम -266 (8))

कार्यकर्ता का परिचय पत्र



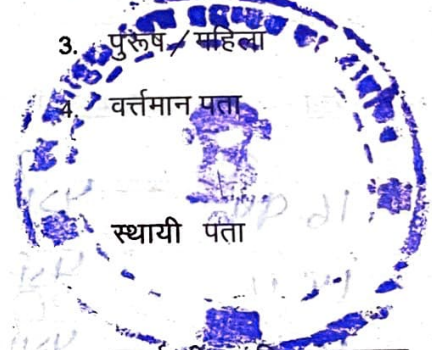
1. निबंधन पदाधिकारी का हस्ताक्षर :  
2. दिनांक एवं पदनाम (कार्यालय मुहर सहित)

I  
[Signature]  
[Name]  
[Address]

II

1. सदस्य का नाम  
2. पिता/प्रति का नाम  
3. पुरुष/महिला  
4. वर्तमान पता  
5. स्थायी पता  
6. कार्य की प्रकृति एवं पदनाम  
7. निबंधन संख्या  
8. निबंधन की तिथि  
9. जिला  
10. बैंक का नाम एवं शाखा (जहाँ चंदा जमा किया जाएगा)  
11. चंदा की दर (20/रु०)

1. छोट्टी पासवान  
2. स्व० मंडजर पासवान  
3. पुरुष  
4. भांडपुर पोस्टवाँके  
5. चौरा थानासि विम भांडजगर  
6. मण्डर  
7. 2996/33204  
8. 14 - 3 - 11  
9. जिला भांडर  
10. S. B. S. बैंक शाखा पटना  
11. 20/रु०



क्रमांक	अंशदान की तिथि	अंशदान की वैधता	अंशदान की राशि	प्राधिकृत अधिकारी का हस्ताक्षर
1	2	3	4	5
1	14/3/11	13/3/12	20=	[Signature]
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NS 2021/017/0004312

UHID: 105495008

Date 27/07/2021

TUE, FRI

Neuro Surgery-II

Neuro Surgery

Charges Rs.

10.0/-

19Y /Male

Gen

Name UMESH KUMAR

C.N. CENTRE  
CAL PATHOLOGY  
HAEMATOLOGY

MEDICAL SCIENCES, NEW DELHI-110029

*Blood bank*  
F-B

OPD/WARD

UNIT

AGE

SEX

NATURE OF ANTICOAGULANT  
(for Ward Cases only)

PLAIN

EDTA

OXALATE

CITRATE

HEPARIN

S  
T  
A  
M  
P

DATE

TIME OF COLLECTION

DIAGNOSIS

*Blood csp*

SIGNATURE

NAME OF MEDICAL OFFICER

FOR LAB. USE ONLY

DATE OF RECEIVING THE SPECIMEN

LAB. REF. NO.

*'AB' POS*

HAEMATOLOGIST

INCOMPLETE FORMS WILL NOT BE ACCEPTED

*[Signature]*  
*28/7/21*