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B-1

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२९

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Abhay Kumar Age/Sex : 4y/M Ref. Deptt./Unit : Genetics/P2 Date : 23/05/2025

Indoor (Bed No.) / Outdoor / Casualty OPD UHID No. : 10820095 LMP :

Examination Required :

Clinical History and Examination : Xray skull AP + lateral
UL AP + lateral
LL AP + lateral
DL spine AP + lateral
chest PA view
pelvis AP view
Xray hands AP + lat.
feet AP + Lat.

Clinical / Working Diagnosis :

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

Signature of Referring Physician / Date : Prerna SR Ortho

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 : 3/6/25 Room No. : RD2 NPW

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.

विकिरण नैदानिक विभाग
अ०भा०आ०सं०, नई दिल्ली–110029
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

Dr. Manisha Mam
R. no. 61

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name : Abhay Kumar Age / Sex : 4y/M Ref. Deptt. / Unit : Genetics/PL Date : 23/05/2025.

Indoor (Bed No.) / Outdoor/ Casualty OPD OPD No. / UHID No. : 10820 9095 LMP :

Examination Required :

~~Ultrasound~~ KUB Doppler (Arterial / Venous) Interventional Procedure

CT HRCT Dual Phase CT CT Angiography

Clinical History and Examination :

? cystic kidney in (R).
Crossed fused ectopic on (L).
No specific diagnosis.

CKD.
Ptosis
GDD.
FTT

Clinical / Working Diagnosis :

Any Previous Studies (Please provide No. if available) :
Blood Urea / Serum Creatinine (for CT patients only) :
Any h/o allergy or asthma :

Signature of Referring Physician / Date : Prerana SR Genetics

DR. PRERANA MODANI
SENIOR RESIDENT
DIVISION OF GENETICS
DEPARTMENT OF PEDIATRICS
AIIMS, NEW DELHI-110029

Consent :

I hereby given 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 : 26/5/25 9 am 61 Manisha

US / CT Number : No. of Films used :

Signature of Radiographer / Date :

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

URN-070425226 108209095
LO5070425170 108209095

बाल चिकित्सा विभाग
UHID:108209095
कमरा / Room C 214
Queue / संख्या F35
Dept No: 20250030007766
Unit-I, Paediatric
abhay kumar
abhaykumar

S/O JITENDRA PRAJAPATI
3Y 8M 13D / M(पुरुष)
JURI BIGHA POST KARAIYA AURANGABAD BIHAR Pin:0, INDIA
Ph
General Rs. 0
सोम गुरु Mon,Thu
Reporting: 08:31:2
07/04/2025
Follow Up Patient

एकक/Unit
विभाग/Dept.
नाम/Name

#7070202760

DOB - 25/7/21

निदान/Diagnosis

c/o Ptosis c CAKUT / CKD G4.

दिनांक/Date

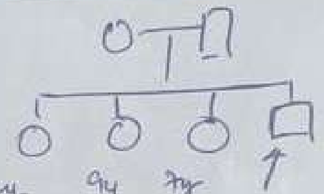
उपचार/Treatment

(4)

9.6 kg

Ht 85 cm
BP = 85/55

?! Genetic aetiology
- Ptosis
- CAKUT
- ↓IQ.
- Delayed development
- Nephrotic range proteinuria
- polyuria / polydipsia



12y 9y 7y

Nephrotic syndrome

(Rt) ... scan
B/L ... 2 y

USG AIIMS — Rk - 5.3 cm, multiple cysts replacing parenchyma, ↑CMD
Lk - 5.5 cm, ectopic, ↓CMD, mild HDN, abutting ~~right~~ lower pole of (R) k.

?! HNF-1β. (HNF β score - 8)

ophthal evaluation
Cornea lens (N)
Fundus - ~~???~~ checked (N)

27/3/24
op: UC - 133 / cr - 5.3

(1.3032) 3.4 / 11.4 / N 3.4

Na/K - 134/1.4 (USG 24.7)
UA - 8.2
Ca/PO4 - 9.6/4.5
Na/K - 137/4.1 ✓
Iron/TIBC/Tsat - 60/310/19%
Hb - 4.1 ✓ PTH - 135
VitD - 27.6 TSH - 4.2
ALT/AST - 30/13, ALP - 284, B12 - 344, Folate - 5.6

Adv
→ 1) Genetic review - Tue/Friday
2) counselled for genetics
3) Syp. Vitafol 5ml OD
4) Syp. Nodosis 5ml TDS
5) Syp. Shelcal 5ml OD

ब॰ रो॰ वि॰ कार्ड
O.P.D. Card

डा॰ राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ॰ भा॰ आयु॰
Dr. Rajendra P
A.I.I.M.S., Nev

अनुभाग व दिन
Section and Day III
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No. 28B

UHID: 108219216
ABHA:91-3331-2777-0704
91333127770704@abdm
Dept No: 20250050038191

संख्या / Queue 11
कमरा / Room: 18B
Unit-III
RPC OPD

अभाय कुमार / ABHAY KUMAR
S/O JITENDRA KUMAR
3Y 6M / M पुरुष
AURANGA BAD, BIHAR, INDIA
Mob:
New Patient
General Rs. 0

Dr. SR/JR -III- R.18 B
TUE, FRI
मंगल,शुक्र

Registration time:
28/03/2025 08:41:20 AM

यू.एच.आई.डी.
UHID No.

एकक
Unit

रोगी
Name of t

दिनांक DATE	निदान DIAGNOSIS
	उपचार Treatment
VA 6/9 @ 8cm 25,26 Cn diff	W/o CKD G4 referred for B/L ... (ST/NDI Nephro ICU stay) ... periorbital swelling + early morning failure to thrive On USG -> polycystic kidney (CKD)
CKD PRCBE dilated	OD / OS cornea clear / clear AC formed / formed lens 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

निदान/Diagnosis Nephrotic synd. | Cystic kidney ? crossed ectopic kidney | B/E Ptosis | GDD | FTT

दिनांक/Date

उपचार/Treatment

DOB: 25/07/2021

2

S/B SR & Genetics

23/05/2025

4y. old boy c/o:

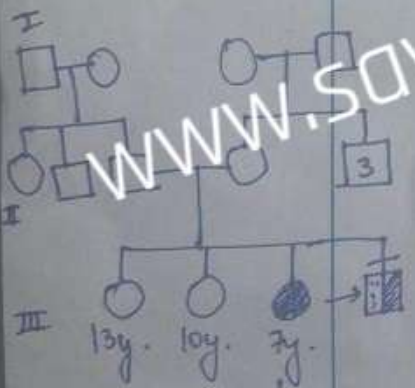
1) periorbital swelling - intermittently from 3 m.o. of age.

2) global developmental delay

3) [illegible] B/L.

Being evaluated in Ped nephro.

- Nephrotic-range proteinuria
- Polyuria | polydipsia
- FTT
- USG :- (R) Kidney - Small multiple cysts replacing parenchyma ↑ echogenicity, ↓ CMD. (?MCDK)
- (L) kidney - In midline and to right ↑ echotexture, ↓CMD, mild HDN. ? crossed ectopic (fused | unfused)



- Birth @ FTVD. B.wt. 2.5kg.
- Delayed cry? NO NICU stay
- No seizures.
- WES: Negative: NO P/LP variants.

PTo

बाल चिकित्सा विभाग
UHID:108209095
Dept No: 20250030007766
कमरा / Room C 214
Queue / संख्या F30
Unit-I, Paediatric.

OPR-6

एकक/Unit
विभाग/Dept.
P.D. Regn. No.

नाम/Name: abhay kumar
पता/Address

S/O JITENDRA PRAJAPATI
3Y 10M 1D / M(पुरुष)
JURI BIGHA POST KARAIYA
AURANGABAD. BIHAR. Pin:0 INDIA
Ph:
General Rs. 0
Follow Up Patient

सोम,गुरु, Mon,Thu (सोम,गुरु)
Reporting: 08:25:36
26/05/2025

निदान/Diagnosis: CKD G4 | CAKUT | ? Crossed fused ectopia | B/L Congenital Ptosis

दिनांक/Date

9.6kg

उपचार/Treatment

Dev. delay

(1)

JVHDS 2

80/50

Bow

- Syp. VITLOFOL 5ml OD
- Syp. NEPHROSIS 5ml TDS
- Syp. CALCIUM (SHELCAL) (210/5) 5ml OD
- RIV 2 CBC | RFT | LFT | Vit D | PTH | Iron studies | B12 | folate | UBG after 2 months
- RIV in Genetics OPD.

Liaising (Sapna Kumari)

urea | creat - 122/0.7
Ca | P | ALP - 9.4/5.0/302
Alb - 4.7
Na | K - 139/4.7 UP:C - 0.29
URM - No RBC | P - nil

Anisha
GRADIBA
Senior Resident
DM Paediatric Nephrology
AIIMS, New Delhi - 110029

9.090
3.11
N44L40

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

IS PROHIBITED IN HOSPITAL PREMISES

कमरा / Room C-210
Queue / संख्या N11
Unit-II, Paediatric

OPR-6

बाल चिकित्सा विभाग
UHID: 108209095
ABHA: kumar_kumar072521@abdm
Dept No: 20250030007766
abhay kumar

S/O JITENDRA PRAJAPATI
3Y 8M 0D / M(पुरुष)
JURI BIGHA POST KARAIYA AURANGABAD
BIHAR, Pin:0, INDIA
Ph:
New Patient

General Rs 0

Reporting: 09:08:16 26/03/2025

क०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

आयु Age

पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
6 9.1 kg	→ c/o periorbital swelling (+) early morning (+)
	→ No h/o ↓ urine output
	→ failure to thrive
	No h/o seizures
Urea 87 Creat 1.37 ... Pa? 6.81 ... Ca 9.5 ... 114 → 386	USG KUB → ↑ polycystic kidneys
	Imp:- CKD / cystic kidney disease
	— Advice — Pedi nephrology opinion
Q14 → Dr Adiba 27/03/25	
SR Pedo new	