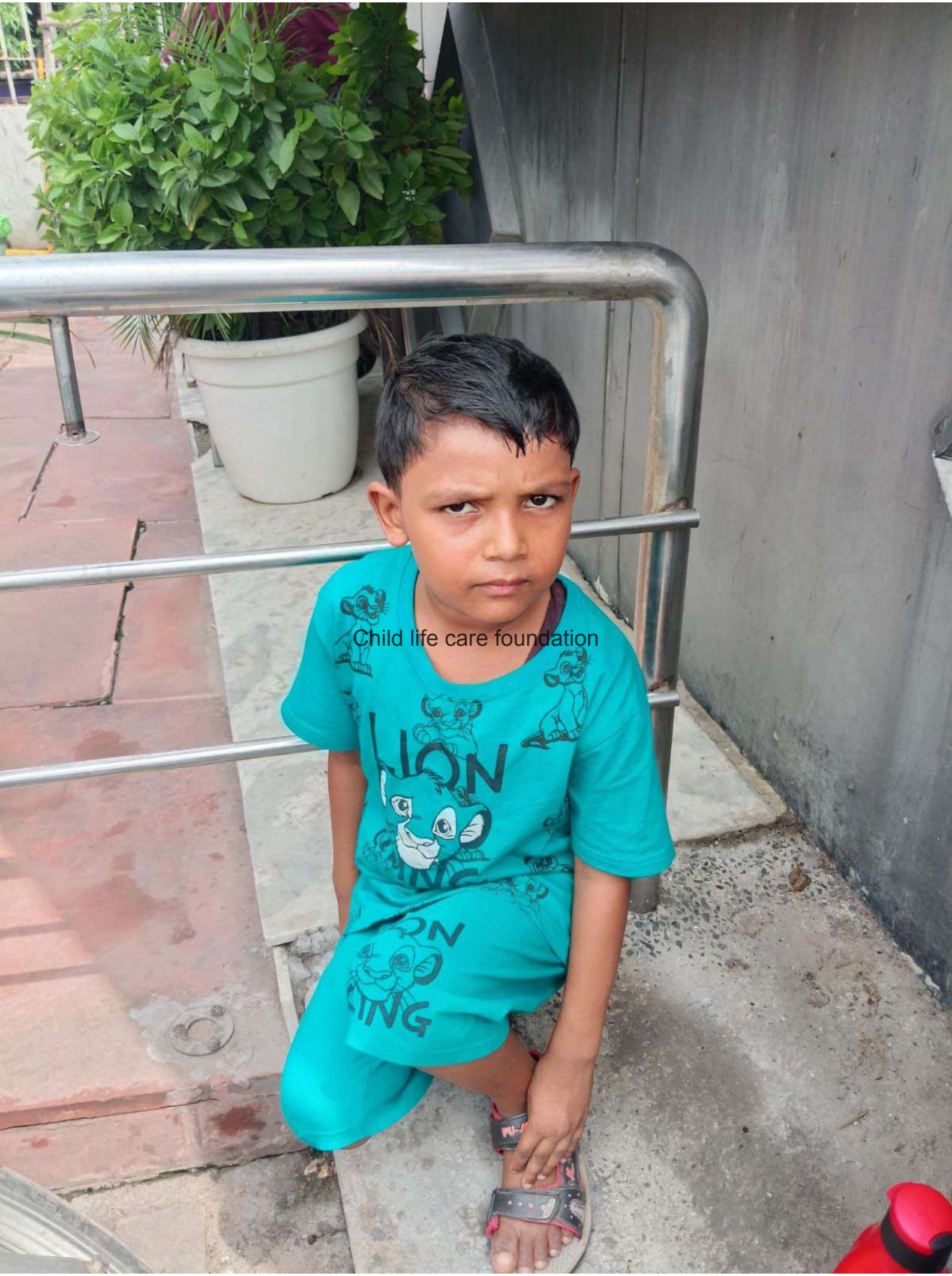
Child life care foundation
LION
KING

DEPARTMENT OF RADIO-DIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
A.I.I.M.S., NEW DELHI-110029

Appointment (Pre Procedure Instructions) for Vascular Intervention Procedure

To contact after angiography

Name : Aakash Age/Sex : 8yrs/M Date

UHID : 10505 8027 Ward/OPD : Room No : 80 Time : 8:30

You are booked for : BAE / Angioplasty / Embolization / Stenting / TJLB / TIPS / TACE

Any other : DIPS revision (LGA)

Dr. Madhu

Pre Intervention Instructions :

Inside CT, DIDSh 2020

A. Patient to be admitted one day before the investigation.
B. Part to be prepared (shave from umbilicus to mid-thigh both sides)
C. Patient to report fasting. Plain water is allowed except in GA cases
D. Patient to be shifted in hospital clothes with a trolley.
E. One attendant to accompany the patient.
F. Consent form to be signed.
G. Lab tests : Renal Function Tests and PT/INR, Other : CBC Bronchoscopy/PFT
H. Booked Under General Anesthesia to get PAC done in PAC Clinic, 5th Floor, Mon/Wed/Fri, 2 PM onwards

I. To bring following items :-

1. Arterial Sheath : 5F/6F/7F/8F Any other :
2. Angiographic Catheter : PIGTAIL/PICARD/MULTIPURPOSE/RC1/COBRA/SIM1/SIM2/UTERINE A CATHETER/SLIP VERT/RDC ANY OTHER :
   Length : 65cms/100cms Size : 4F/5F
3. Progreat Microcatheter
   (Terumo) : Shape : J-tip Straight tip Diameter : 0.032/0.035.

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	105058027	Sex :	Male
Patient Name :	Mr. AAKASH	Sample Received Date :	20-Nov-2025 17:07 PM
Age :	7Y 4m	Department :	Paediatrics
Reg Date :	20-Nov-2025 17:07 PM	Sample Collection Date:	20-Nov-2025 13:43 PM
Recommended By :		Sample Details :	LH20112501546
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516808596

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SLS-photometry)	**10.30**	g/dL	11.5 - 15.5
Hematocrit (Direct Measure)	35.60	%	35 - 45
RBC count (Impedance)	**6.11**	10^6/µL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	12.37	10^3/µl	5.0 - 13.0
Platelet count (Impedance)	177.00	10^3/µL	170 - 450
MCV (Calculated)	**58.30**	fL	77 - 95
MCH (Calculated)	**16.90**	pg	25 - 33
MCHC (Calculated)	**28.90**	g/dL	31 - 37
RDW-CV (Calculated)	**18.70**	%	11.6 - 14
Neutro (Fluo. flow cytometry)	39.90	%	23-53%
Lympho (Fluo. flow cytometry)	40.30	%	23-53%
Eosino (Fluo. flow cytometry)	**10.40**	%	1-4%
Mono (Fluo. flow cytometry)	7.30	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.40	%	0-1%
Neutro - Abs (Calculated)	4.94	10^3/µl	2.0-8.0
Lympho- Abs (Calculated)	4.98	10^3/µl	1.0-5.0
Eosino - Abs (Calculated)	**1.50**	10^3/µl	0.1 - 1.0
Mono - Abs (Calculated)	0.90	10^3/µl	0.2 - 1.0
Baso - Abs (Calculated)	0.05	10^3/µl	0.02 - 0.1

Remarks: Mild Eosinophilia. Kindly correlate clinically for - Drug reaction, Parasitic infestation, Allergy, Asthma. Autoimmune disorders, etc.

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry)

Dr. Tushar Sehgal (DM Hematopathology)

Dr. Suneeta Meena (MD Microbiology)

Dr Subhamon Bhattacherjee 20-Nov-2025 18:42

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

All India Institute of Medical Sciences

New Delhi

Pediatric Gastroenterology Services

Patient ID	: 105058027	**Visit Date**	: 20-08-2025
Patient Name	: Aakash	**Referred by**	:
Age/Gender	: 6Yrs, Male	**Consulted by**	: Dr Rohan Malik

Premedication :

Esophagus : Early esophageal varices

OG Junction :

Stomach :

Fundus : no gastric varix

Body : Normal

Antrum : Normal

Pylorus : Normal

Duodenum :

:

:

Biopsy : Not taken

Impression : Early esophageal varices
Adv: N/A x 2 years

continue T. ciplar 10 mg BD

Dr Rohan (DR)

Dr Rohan Malik

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HO
बहिरंग रोगी विभाग /Out Patient Depar
अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL

LH0805250O372 105058027
LC080525d704 105058027
AAKASHAAKASH

बाल चिकित्सा विभाग
UHID: 105058027
Dept No: 20200030003297
आकाश आकाश / AAKASH AAKASH
S/O KALI CHARAN
6Y 6M 4D / M(पुरुष)
BARLE, UTTAR PRADESH, Pin 0, INDIA
Ph: 9012742168 General Rs. 0
Follow Up Patient

कमरा / Room C-218
Queue / संख्या F1
Unit-I, Paediatric
सोम गुरु Mon,Thu (सोम गुरु)
Reporting: 08:40:51 23/01/2026

रो०वि० पंजीकृत सं०/O.P.D. Regn. No.
आयु Age
पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
20·1· 26	· TIPS (2020) · Braided stent → was discussed c Dr. Dwa. Can defer procedure as No Ascites O/E  (Few engorged tortuous vessels) No Ascites UGIE: Early eso Vx. (26.10.24) Asymptomatic. Plan: keep & FU procedure if Ascites (+) Adv — T. Ciplar 10mg BD c̄ 0 R/w x 4m → CBC / LFT / Alfa fetoprotein. (209)

Child life care foundation

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Pradhan Mantri Jan Arogya Yojana · Ayushman Bharat PM-JAY · प्रधानमंत्री जन आरोग्य योजना (pmjay.gov.in)

मेरा अस्पताल My Hospital meraaspatal.nhp.gov.in

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

एकक/Unit
विभाग/Dept.
नाम/Name

बाल चिकित्सा विभाग
UHID: 105058027
Dept No: 20200030003297
AAKASH
S/O KALI CHARAN
6Y 10M 3D / M(पुरुष)
BARILE, UTTAR PRADESH, Pin 0, INDIA
Ph: 9012742183 General Rs. 0
Follow Up Patient

कमरा / Room C-216
Queue / लेखा F44
Unit-I Paediatric
सेम गुरु
Reporting: 08:26:03 22/05/2025

LH1808250413 105058027
AAKASH
105058027 Paed

निदान/Diagnosis 105058027 Paedy.

दिनांक/Date

(2)
20 Kg

उपचार/Treatment

- TIPS (2020)
- stent block present

child - asymptomatic

LH2:1082500695 105058027
Mr. AAKASH..

O/E

(IIII) — engorged veins

Hepatomegaly 2 cm below

22/05/25

Hb = 9.3
microcytic hypochromic anemia
Plt = 1.6L
TLC = 10,060
Urea = 18
Creat. = 0.3
Ca = 9.5
PO4 = 4.8
T. Bilirubin = 0.7
D. Bilirubin = 0.38
I. Bilirubin = 0.31
ALT = 24
AST = 41
ALP = 308 209
TP = 7.7
Albumin = 4.5
Globulin = 3.2

Adv

1. OROFER XT 1 tab PO OD x 3 month.
2. TAB A-Z 1 tab PO OD x 3 month
3. TAB SHELCAL ~~500~~ 1 tab PO OD x 3 month.
4. Date for ~~Repeat~~ f/u. Endoscopy & Varices.
5. R/A 3 months c CBC/LFT/~~Alfafetoprotein~~/Vit D.
6. T. Ciplar 10 mg BD.

Dr. Himanshu Bhadani
Senior Resident
Department of ...
अ.भा.आ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

अ॰ भा॰ आ॰ सं॰ 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

काय चिकित्सा विभाग

UHID 105058327

Dept No: 20200030003297

आकाश आकाश / AAKASH AAKASH

S/O KALI CHARAN

6Y 2M 0D / M(पुरुष)

BARILE UTTAR PRADESH Pin:0 INDIA

Ph: 9012742165 Generic Rs 0

Follow Up Patient

कमरा / Room C-216

Queue / संख्या F81

Unit-I Paediatric

Reporting: 09:12:33 10/09/2024

OPR-6

ब॰रो॰वि॰ पंजीकृत सं॰ / O.P.D. Regn. No.

लिंग Sex	आयु Age	पता / Address

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
19.2(?) 35	Previous symptoms were significant Ascites → now c/o - multiple collaterals. No Ascites
	TIPS / 2020
	Rt → complete stent Blockade
	to meet Prof Deva for possible planning reprocedure → Need to decide if procedure really needs to be done
	USG - 26/10
	Tab ciplar 10mg BD
Rmr	

डॉ. रोहन मलिक / Dr. ROHAN MALIK
अपर आचार्य / Additional Professor
Division of Gastroenterology & Hepatology
Department of Pediatrics

Child life care foundation

अ० भा० आ० सं० अस्पताल/A.I.I.M.
बहिरंग रोगी विभाग /Out Patient
अस्पताल के अन्दर धूम्रपान मना है।/ SMOKING IS PROHIBITED

LC2011252315 105058027
LH2012501546 105058027
Mr AAKASH

बाल चिकित्सा विभाग
UHID:105058027
Dept No: 202003300003297
AAKASH
S/O KALI CHARAN
7Y 4M 1D / M(पुरुष)
BARILE UTTAR PRADESH Fin 0, INDIA
Ph: 9012742163 Genera Rs 0
Follow Up Patient

कमरा / Room C-216
Queue / सेवा F4
Unit-I, Paediatric
सीम.पुरु.
Reporting: 08:41:35 20/11/2021

बहिरोगि पंजीकृत सं०/O.P.D. Regn. No.

	आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

23-11

HVOTO / TIPS Stent Block

VGIE → early esophageal varices

Currently
no worsening abd. distension
no other concerns.

O/E:
Vitals - stable

P/A:
mild distension
Multiple dilated tortuous veins (+)
Liver - 2cm ↓ Rcm
Spleen - tip palpable

Ydlw Dr Himanshu

Plan:

(1) Continue Tab CIPLAR 10mg BD

(2) Rpt CBC | LFT | KFT after 1 month & review

Bilirubin do today

(3) Plan rpt procedure when bed vacant

JR

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	105058027	Sex :	Male
Patient Name :	Mr. AAKASH	Sample Received Date :	20-Jul-2026 17:51 PM
Age :	8Y	Department :	Paediatrics
Reg Date :	20-Jul-2026 15:01 PM	Sample Collection Date:	20-Jul-2026 12:06 PM
Recommended By :		Sample Details :	LC2007262405
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2618207403

BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea (Urease/GLDH)	22	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.4	mg/dL	0.4-0.6
Uric Acid (Uricase Colorimetric)	**2.7**	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5`-methyl-BAPTA)	9.7	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybate Reduction)	**5.2**	mg/dL	2.5-4.5
Sodium (ISE (indirect))	135	mmol/L	135 - 145
Potassium (ISE (indirect))	4.3	mmol/L	3.5-5.1
Chloride (ISE (indirect))	101	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.98	mg/dL	0 - 1
Bilirublin (D) (Diazo Gen.2 Jendrassik-Grof)	**0.59**	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.39	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	**30**	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	**48**	U/L	<=40
ALP (PNPP,AMP Buffer - IFCC)	314	U/L	142 - 335
Total protein (Biuret Method)	8.0	g/dL	6.0 - 8.0
Albumin (Bromocresol Green(BCG))	4.7	g/dL	3.8 - 5.4
Globulin (Calculated)	3.3	g/dL	3.0 - 3.7
A/G ratio (Calculated)	1.4		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Sudip Kumar Datta MD
(Biochemistry)
20-Jul-2026 20:39

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	105058027	Sex :	Male
Patient Name :	Mr. AAKASH	Sample Received Date :	23-Jul-2026 15:42 PM
Age :	8Y	Department :	Paediatrics
Reg Date :	23-Jul-2026 15:42 PM	Sample Collection Date:	23-Jul-2026 13:10 PM
Recommended By :		Sample Details :	LB230726312
Lab Sub Centre:	SMART Lab. New RAK OPD	Lab Reference No:	2618232718

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Citrated Plasma			
PT *(Mechanical Viscoelastic)*	**17.00**	sec	13.1 - 16.3

Test Observations:

1. All samples sent for coagulation must be filled till the frosted mark on the vial.
2. Blood samples should not be collected from intravenous lines.
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results above the normal range-

a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done

5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

INR	**1.26**		0.8-1.2
APTT *(Mechanical Viscoelastic)*	33.30	sec	29.8 - 35.3

Test Observations:

1. All samples sent for coagulation must be filled till the frosted mark on the vial.
2. Blood samples should not be collected from intravenous lines.
3. Normal coagulation results do not exclude clotting abnormalities.
4. In results above the normal range-

a. Heparin contamination must be excluded
b. Clinical correlation for history e.g liver disease ,prolonged antibiotic usage, infection, bleeding disorder, neoplasm etc should be done

5. Abnormal results may be followed up by repeating, mixing studies , factor assays or inhibitor testing, etc.
6. For thrombophilia testing samples should be sent 4-6 weeks after the acute episode to prevent false positive results.
7. In case of any discrepancies noted please communicate with lab immediately on the numbers provided

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Tushar Sehgal DM
(Hematopathology)
23-Jul-2026 18:03

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be analytical errors due to inappropriate patient preparation, phlebotomy practices, storage on the same day on **Ext.no. 7004/7005**

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Depar
अस्पताल के अन्दर धूमपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL

LB230726312 105058027
LC2307262444 105058027
Mr. AAKASH

बाल चिकित्सा विभाग
UHID: 10505802
Dept No: 20200010003297
कमरा / Room C-216
Queue / संख्या F31
Unit-I, Paediatric.
रोगि० पंजीकृत सं०/O.P.
AAKASH
S/O KALI CHARAN
6Y 0M 4D / M(पुरुष)
BARILE, UTTAR PRADESH, Pin 0, INDIA
Ph: 9012742183 General Rs. 0
Follow Up Patient
सोम गुरु, Mon Thu (सोम गुरू)
Reporting: 08:41:22 23/07/2026
आयु Age

निदान/Diagnosis

HNOTO / Shunt Blocks (2020)

दिनांक/Date

30
22/7

उपचार/Treatment

- Mild anaemia in Acid-dietician
- No other complaints

AST/ALT:-
30/48
TP/ALB:-8/4.7
ALB:-4.7

Hb:-10.4
Plt:-1.55L
MCV:-57.5

Child life care foundation

- Adv

(1) Repeat CUD. USG. of Liver & HNOTO if repeat scan required

(2) Vit D / Vit B12 / Iron / Folate / Transferin / TIBC / Magnesium / PT-INR / LC

(3) T. OROFER XT 1 tab PO OD x 3m.

(4) T. Cipla 10mg PO BD

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
(pmjay.gov.in)

मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Ext.no. 7004/7005

Date - 31/07/24

Dr. Himanshu
MCB SA
(84)

81 A

J Dr. Madhusudan Sir
Under

विकिरण नैदानिक विभाग

अ०भा०आ०सं०, नई दिल्ली-110029

DEPARTMENT OF RADIODIAGNOSIS

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

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name : Aakash Age / Sex : 8yr/M Ref. Deptt. / Unit : Pedi / I Date :

Indoor (Bed No.) / Outdoor/ Casualty OPD No. / UHID No. : 105058027 LMP :

Examination Required :

✓ Ultrasound	Doppler (Arterial / Venous)		Interventional Procedure
CT	HRCT	Dual Phase CT	CT Angiography

Clinical History and Examination :

ALT/AST :- 30/48

C/o EHPVO s/p TIPS Blocked (2020)

No clinical Ascites/Jaundice

Child life care foundation

∴ Doppler USG. to look for status of vein / CLD. & repeat procedure if required

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 :

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.

Re book for DIPS Revision ↓ GA

Signature of Patient / Date :

US / CT Number : No. of Films used :

Signature of Radiographer / Date :

- RUPS set
- RIPS Sheath
- 8x40 mm SEMS x2
- 8x40 balloon

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

PROHIBITED IN HOSPITAL PREMISES

OPR-6

बाल चिकित्सा विभाग
UHID: 105058027
Dept No: 202003030003297
AAKASH
कक्ष/Room C-218
Queue/संख्या F46
Unit-I, Paediatric

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

S/O KALI CHARAN
7Y 5M 3D / M(पुरुष)
BARILE, UTTAR PRADESH, Pin 0, INDIA
Ph: 9012742183 General Rs. 0
Follow Up Patient
Reporting: 10:08:03 22/12/2025

आयु Age

पता/Address
105058027
Delhi

निदान/Diagnosis

दिनांक/Date

40

23-3

उपचार/Treatment

HVDTO

S/P – TIPS Blocked (2020)

No Acute

FREE GENERIC PHARMACY
(✓) MEDICINE RECEIVED
DATE: 22-12-2025
3 month

Hb 10.3
TLC 12700
PLT ~~1.77~~ L
MCV 58
DT/PT 41/27
ALP 335

Adv

T. ciplar 10 mg BD

T. IFA 100 mg 1 tab OD x 3m

T. ME-12 1 tab OD x 1m.

Rpv x 4m.

Dr. [illegible] MD, DNB, MNAMS
Senior Resident / वरिष्ठ रेजिडेंट
Department of Pediatrics / बाल चिकित्सा विभाग
All India Institute of Medical Sciences / अ.भा.आ.सं. नई दिल्ली –110029 / New Delhi –110029

Pradhan Mantri Jan Arogya Yojana

एम्स का यही संकल्प, स्वच्छता से काया कल्प / CLEAN AND GREEN AIIMS
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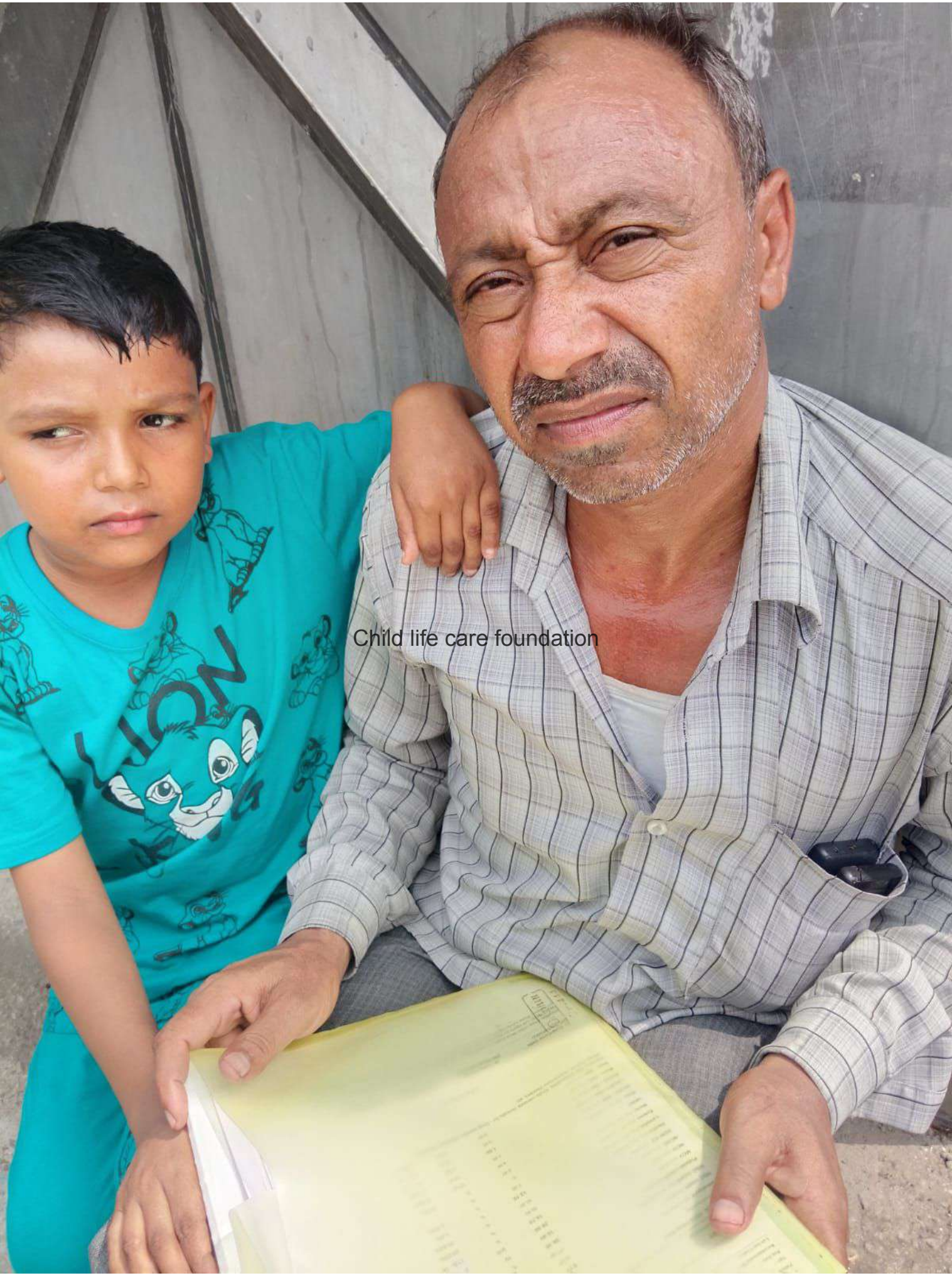
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