



**DEPARTMENT OF CARDIOLOGY  
OUTPATIENT SUMMARY**

|                     |                  |                             |                                                                          |
|---------------------|------------------|-----------------------------|--------------------------------------------------------------------------|
| <b>Patient Id</b>   | WS00269874       | <b>Name</b>                 | SITA TANDI                                                               |
| <b>Encounter Id</b> | 22465020001      | <b>Address</b>              | D/O BIRANCHI TANDI<br>DAM COLONY, WARD NO 16,<br>BRAMHACHARI UPPER PARA, |
| <b>Visit Date</b>   | <u>16-FEB-11</u> | <b>District &amp; State</b> | BARGARH TOWN & DT<br>BARGARH - ORISSA (SI) - INDIA                       |
| <b>Age</b>          | 21Y 0M 0D        |                             |                                                                          |
| <b>Gender</b>       | Female           |                             |                                                                          |
| <b>FD</b>           | 16-FEB-11        |                             |                                                                          |

**FINAL DIAGNOSIS**

AML PROLAPSE WITH SEVERE MR, SOB - FC-II, NSR SEVERE PAH, GOOD LV FUNCTION

**ECHO**

RHD: NSR, FIBROTIC = MV, MV NOT COPATING, AML PROLAPSE WITH SEVERE ECCENTRIC MR, NO MS, NORMAL AOV, MODERATE TR, RVSP 59mmHg, GOOD LV / RV FUNCTION, LV ( 5.9 / 3.2), AO/LA: 2.0/5.1

**MANAGEMENT PLAN**

- 1. TAB AMIFRU 40 MG 1/2-0-0
  - 2. Tab. Macpril 2.5mg 0-1-0
- NEEDS MV REPAIR / REPLACEMENT

YOUR MEDICAL CONDITION HAS BEEN EVALUATED THROUGHLY IN THIS HOSPITAL AND REQUIRES SURGERY FOR MV REPAIR. BUT WE ARE NOT ABLE TO OFFER IMMEDIATELY OWING TO LARGE NUMBER OF PATIENTS WHO HAVE BEEN REGISTERED BEFORE YOU AND ARE WAITING FOR THE SAME. KINDLY SEEK THIS TREATMENT ELSEWHERE.

LOCAL FOLLOW UP

**CONSULTANT**

Compiled By id : 242 - 14:22

**DOCTOR'S SIGNATURE**

# DEPARTMENT OF CARDIOLOGY

S.C.B. MEDICAL COLLEGE, CUTTACK - 753 007

2-D ECHOCARDIOGRAPHY / DOPPLER / COLOUR FLOW / T.E.E. REPORT



Receipt No. 683622 Date 05.03.11

|                          |                 |            |
|--------------------------|-----------------|------------|
| Name : <u>Sita Tands</u> | Age : <u>70</u> | Sex :      |
| Address :                | Ward :          | Bed No. :  |
|                          |                 | Regd. No.: |

| Measurements | Observed Value | Normal Value (adults) |
|--------------|----------------|-----------------------|
|--------------|----------------|-----------------------|

**LEFT VENTRICLE**

|         |            |                  |               |
|---------|------------|------------------|---------------|
| Lvid-d  | <u>57</u>  | (30 - 52 mm)     | Contractility |
| Lvid-s  | <u>34</u>  | (23 - 39 mm)     |               |
| EDV     | <u>254</u> | (95.5 + 19.4 ml) | Hypertrophy   |
| ESV     | <u>204</u> | (38.6 + 9.5 ml)  |               |
| EF      | <u>40%</u> | (60 + 6.2%)      | Thrombus      |
| FS      | <u>5</u>   | (34 - 44%)       |               |
| IVS ed  | <u>5</u>   | (6 - 12 mm)      | RWMA          |
| LVPW ed | <u>8</u>   | (6 - 12 mm)      |               |

**LEFT ATRIUM**

|             |           |              |
|-------------|-----------|--------------|
| Size        | <u>45</u> | (19 - 40 mm) |
| Enlargement |           |              |
| Thrombus    |           |              |
| Myxoma      |           |              |

|       |           |              |
|-------|-----------|--------------|
| AORTA | <u>24</u> | (19 - 40 mm) |
|-------|-----------|--------------|

**RIGHT ATRIUM**

|             |          |              |
|-------------|----------|--------------|
| Size        | <u>N</u> | (20 - 37 mm) |
| Enlargement |          |              |
| Thrombus    |          |              |

**RIGHT VENTRICLE**

|             |          |             |
|-------------|----------|-------------|
| Enlargement | <u>N</u> |             |
| Thrombus    |          |             |
| RVOT        |          |             |
| RVed        |          | (7 - 23 mm) |
| RVant wall  |          | (3 - 5 mm)  |

**MITRAL VALVE**

MORPHOLOGY

AML Thick prolaps into LA  
 PML incomplete coaptation  
 EPSS  
 Sub Valvular Apparatus  
 Calcification  
 MVA (Planimetry) .....cm square  
 Echo Score .....

DOPPLER / COLOUR FLOW

E & A  
 EDG ..... m m of Hg  
 MDG ..... m m of Hg  
 MVA (Pt.1/2) ..... cm square  
 MR : (Jet.area: 10.5 cm square)

Eccentric Jet

Contd.

TRICUSPID VALVE  
MORPHOLOGY

N

PULMONARY VALVE  
MORPHOLOGY

N

Pulm Annulus ..... mm

AORTIC VALVE  
MORPHOLOGY

N

Ao Annulus ..... mm  
LVOTd ..... mm  
MACS ..... (Normal 15-26mm)

IAS

ASD Present/Absent. /  
Size ..... mm  
Location .....  
Shunt .....

IVS

VSD Present/Absent. /  
Size ..... mm  
Location .....  
Shunt .....  
Gradient .....

PERICARDIUM

Normal/Thick/Calcification  
Effusion  
Ant ..... mm  
Post ..... mm  
Inf ..... mm  
RA/RV Collapse  
IVC Plethora

DOPPLER / COLOUR FLOW

TR ..... (Jet area ..... cm square)  
TR Velocity ..... 3 ..... m/second  
MDG ..... mm of Hg  
Pressure gradient ..... 36 ..... mm of Hg

DOPPLER / COLOUR FLOW

Velocity ..... m/Sec.  
PK Gradient ..... mm of Hg  
PR ..... 0 .....  
End D. Gradient ..... mm of Hg

DOPPLER / COLOUR FLOW

Velocity ..... m/Sec.  
PK Gradient ..... mm of Hg  
Aortic Regurgitation 0 (Jet/Lvot .....)

CONGENITAL EVALUATION:

FINAL IMPRESSION:

RHD SEV MR  
DAIL 2TR  
D LV Annulus

*[Handwritten signature]*

ନୂତନମନ୍ତ୍ରଣା ସହାୟତା ପାଣ୍ଠିରୁ ସାହାଯ୍ୟ ପାଇବା ନିମନ୍ତେ ଦରଖାସ୍ତ ପତ୍ର

ପ୍ରାର୍ଥନାକାରୀଙ୍କ ନାମ - **ଶ୍ରୀମତୀ ଜାଣ୍ଡି**

ସଂଖ୍ୟା- ୨୦

ପିତା/ସାଥୀ/ପରିବାରକର୍ତ୍ତାଙ୍କ ନାମ - **କିଶୁକୁ ଜାଣ୍ଡି**

**ଶ୍ରୀମତୀ କୋଲୋନୀ**  
(**ପ୍ରମୁଖ୍ୟାଦିପତି ମହା**)

ପୋ- **କିଶୁକୁ**

ଭାସା -

ଠିକଣା - **କିଶୁକୁ**

ଠିକଣା - **କିଶୁକୁ**

ଉପଖଣ୍ଡ **୯.୯୦ - 16**

ସଂଖ୍ୟା - **କିଶୁକୁ**

| ସମ୍ପତ୍ତିର ନାମ                     | ଅନୁସନ୍ଧାନର ମୂଲ୍ୟ | କ୍ର-ସମ୍ପତ୍ତିର ମୂଲ୍ୟ | ଅନ୍ୟାନ୍ୟ ବୈଶିଷ୍ଟ୍ୟ | ମୋଟ ମୂଲ୍ୟ         |
|-----------------------------------|------------------|---------------------|--------------------|-------------------|
| -                                 | -                | -                   | -                  | -                 |
| ୧- <b>କାମା (ପ୍ରମୁଖ୍ୟାଦିପତି)</b>   | -                | -                   | <b>₹ 1,80,000</b>  | <b>₹ 1,80,000</b> |
| ୨- <b>ମା</b>                      | -                | -                   | -                  | -                 |
| ୩- <b>କିଶୁକୁ</b>                  | -                | -                   | -                  | -                 |
| ୪- <b>କିଶୁକୁ (ପ୍ରମୁଖ୍ୟାଦିପତି)</b> | -                | -                   | -                  | -                 |

୧- **କାମା (ପ୍ରମୁଖ୍ୟାଦିପତି)**  
୨- **ମା**  
୩- **କିଶୁକୁ**  
୪- **କିଶୁକୁ (ପ୍ରମୁଖ୍ୟାଦିପତି)**

କିଶୁକୁଙ୍କୁ ସାହାଯ୍ୟ ପାଇବାର ସମ୍ଭାବନା କି ? **ନା**

କିଶୁକୁଙ୍କୁ, ଉପରୋକ୍ତ ସାହାଯ୍ୟ ପରିମାଣ ଓ ଉଦ୍ଦେଶ୍ୟ - **ନା** ମାଗୁଛନ୍ତି

**ଶ୍ରୀମତୀ ଜାଣ୍ଡି**  
ଅନୁସନ୍ଧାନକାରୀଙ୍କ ଦସ୍ତଖତ

୧. ଚର୍ଚ୍ଚିତା / ଉପଶିଳ୍ପାଳୟର ପ୍ରତିଷ୍ଠା -

(କେବଳ ଉପକାରୀ ପ୍ରମାଣ ନୁହେଁ ଏବଂ ଉଲ୍ଲେଖ କରାଯାଇଥିବା ବିଷୟରେ ଠିକ୍‌କାଗଜ୍ ଜାରିକାରା ହେବ)

05.01.2011

Vide Hill Case No 9101/90

୨. ଲାଭ (ପ୍ରାୟତଃ ୦ ଟଙ୍କା)

୩. କେବଳ -

୪. ଦାୟିତ୍ୱ - Daily labour - RS 18,000/-

୫. ମୋଟ -

RS 18,000/-

୬. ଉପକାରୀ ପ୍ରମାଣ ଅନୁସାରେ -

Chronic cough - treated by Recommended

୭. ଉପକାରୀ ପ୍ରମାଣ ଅନୁସାରେ -

୮. ମୋଟ -

TAHASILDAR

୧୦. ପ୍ରତିଷ୍ଠା ପ୍ରତିଷ୍ଠା -

Examined in CTVE out 0004494878 No. 1391

3.2.11

୧) ନାମ - Sita Kandi ବୟସ - 20yrs HF.

୨) ଶିକ୍ଷା - RHD, Severe MR.

୩) ରୋଗର ବିବରଣୀ - OPEN HEART SURGERY (MVR)

୪) ଉପକାରୀ ମାତ୍ରା - ₹ 50,000/-

୫) ଉପକାରୀ ମାତ୍ରା - ₹ 50,000/-

୬) ଉପକାରୀ ମାତ୍ରା - ₹ 35,000/- ମୋଟ ONE Lakh & Half & five thousand only.

୭) ଉପକାରୀ ମାତ୍ରା - CTVE Dept, SCB NCH, Cuttack

ଏହି ଟ୍ରେଡ଼ା କାମରେ ଚିକିତ୍ସାପାଇଁ ପ୍ରମାଣିତ କରାଯାଉଛି, ଏହାର କାରଣ -

ଏ ଚିକିତ୍ସା ପ୍ରତିଷ୍ଠା ଟ୍ରେଡ଼ା ଭିତରେ ଅଛି ଓ ନାହିଁ ? - yes

୧୧. ଉପକାରୀ ପ୍ରମାଣ ଅନୁସାରେ - ମୋଟ ପ୍ରମାଣ -

Honible Chief Minister, Orissa  
Respected Sir  
Recommended  
to assist financially  
immediately.  
Sadhvi Nepak  
7/3/2011

5/3/11  
Department of Cardiovascular Surgery  
S.C.B. Medical College, Cuttack  
5/3/2011  
Dept. of Thoracic & Cardiovascular Surgery  
S.C.B. Medical College & Hospital  
Cuttack - 753 007

# O.P.D. TICKET

DEPARTMENT OF CARDIOLOGY, V.S.S. M.C.H., BURLA

Dist. Sambalpur, Orissa - 768017

(OPD on Monday & Friday only except Govt. Holidays)

Name of the Patient ..... Sita Tandi ..... Age 24yr, Sex HP

Index No. 1320 / Date 4.11.11 OPD No. 34 / Date 4.11.11

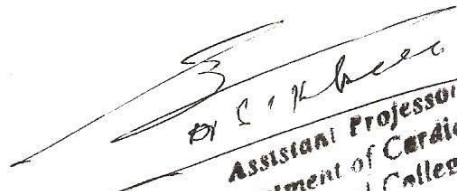
Address ..... B.G.H. .....

DISEASES: -

ମିଥରା ପାଲ ମିଥରା  
ଚି ଲେଭର ମା  
ଚି 1977

Hypercholesterolemia  
New onset HTN  
Hypertension  
Coronary artery  
MVA

मानवत कर्तु  
ममि १०० - १००  
Lange (0.1%)  
- १०० ११०  
१००० (२०००)

  
Dr. S. K. Behera  
Assistant Professor  
Department of Cardiology  
V.S.S. Medical College, Burla

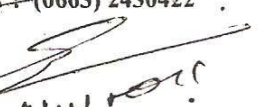
With best compliments from:

☎ + (0663) 2430422

गुप्ता मेडिकल स्टोर्स

GUPTA MEDICAL STORES

1, G. B Market, Burla, Dist. - Sambalpur (Orissa)

  
११/११/११

98

47/11/11

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
 ब. रो. वि.  
 अ. भा. आ. सं., नई दिल्ली-११००२९  
 Cardiothoracic & Neurosciences Centre, O.P.D.  
 A.I.I.M.S., New Delhi-110029

दिनांक  
Date

CV-26302/2011

Cardiology OPD

Afternoon 2:00 PM

CTVS

21 Years/F

उम्र  
Age

Paid Rs. 10/- to

लिंग  
Sex

विभ  
Dep

Date 16/12/2011

ब.रो.वि  
O.P.D

Name SITA TANDI

D/O BIRANCHI TANDI

Phone No. 0789451937

S.R. Room 10

Consultant 10

DR BOOPATHY

DR G SHARMA

Registration Time : Old Case 8:00 AM TO 11:30 AM

8

Rebol kumar ma / Meed ma / med ma

clan in

(scribble)

NSA/

No PR / MR / CP

C-3.8

H-3.8

A-2

Wolynque

mas

17/12/11

⊙

Inj. paracetamol 1.2m U deep in q 2 days  
- LA

Echo  
HRA

T. Conas 2mg B

T. ~~Conas~~ 2mg B  
lanit 2mg B

B/B

दिनांक  
Date

Echo sw MR (Proposed AMC)

~~R1 (15)~~

~~21/12/14~~

Refs to CVS

Dr. Devagrew for repair

MR

for MV Repair

1. Rs 92,500 / 'AriMS CI PS Account'

2. 40 Blood

3. Dental clearance

DWIL





DEPARTMENT OF CARDIOLOGY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
C.N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Dated : \_\_\_\_\_

ESTIMATE CERTIFICATE

Name of the Patient Sita Tanchi  
Age 21 Sex F CV No/CTVS No. CV 26302 / 2011  
Nature of Disease RHD - MR  
Nature of Surgery required MVR  
Amount required for Surgery 92,500 / -

The above mentioned amount must be deposited in advance by bank draft in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/ GOVT. Undertaking beneficiaries.

  
(CONSULTANT/SENIOR RESIDENTS)

# SANJAY BHOI

Member of Parliament  
(Lok Sabha)

**MEMBER:**

- Standing Committee on Coal & Steel
- Consultative Committee on Railways
- Indian School of Mines University, Dhanbad
- National Mission on Sarvasikshya Abiyan



सत्यमेव जयते

**Residence :**

13/601, East End Apartments,  
Mayur Vihar Phase-I Extn.,  
Delhi-110 096  
Mobile: 9868050516

**Office :**

27, North Avenue, New Delhi-110 001  
Tel. : 011-23092426  
Fax: 011-23092427  
E-mail : sanjaybhoi@hotmail.com

**Date: December 22, 2011**

**Subject: Request for financial assistance from Prime Minister's National Relief Fund.**

Respected Sir,

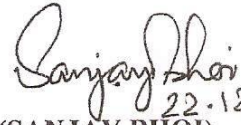
I would like to draw your kind attention that one Ms. Sita Tandi, D/o – Shri Biranchi Tandi resident of Village/Town – Bargarh, District - Bargarh, Orissa is suffering from heart disease. Now she is under treatment at All India Institute of Medical Sciences (AIIMS) and needs to undergo surgery. The doctors have estimated an amount of Rs.92,500/-to be incurred for her surgery.

Though Shri Tandi is a small agriculturist and his annual income is only Rs. 12,000 per annum, he is quite unable to afford the surgery expenses of his daughter.

Under such circumstances I would like to request you to sanction the above said amount of 92,500/- from the PMNRF for surgery of Ms. Sita Tandi. The photocopy of the medical and other miscellaneous papers for favour of your kind perusal and necessary action are enclosed.

With warm regards,

Yours sincerely,

  
22.12.11  
(SANJAY BHOI)

**Dr. Manmohan Singh,**  
**Hon'ble Prime Minister of India,**  
**152, South Block,**  
**New Delhi.**

**Enclosures:**

1. Income Certificate of Shri Biranchi Tandi (father) from Tahasildar, Bargarh, District - Bargarh.
2. Voter ID card of Ms Sita Tandi.
3. Resident/Nativity Certificate from Tahasildar, Bargarh, District - Bargarh.
4. Estimate copy from Doctors of All India Institute of Medical Sciences (AIIMS).

o/c


FORM NO. V  
(See Rule - 3)

OFFICE OF THE TAHASILDAR, BARGARH  
Misc. Case No 13835 of 2011.  
INCOME CERTIFICATE


This is to certify that the annual family income of **Biranchi Tandi** son of **Kishore Tandi** of town- **Bargarh (Ward No. 16)**, PS/Tahasil- **Bargarh** in the District of **Bargarh** in the State **Orissa** is **Rs. 12,000/- (Rupees twelve thousand)** only from the sources specified below.

| Sources                   | Annual income |
|---------------------------|---------------|
| Agricultural lands –      | Nil           |
| Salary –                  | Nil           |
| Any other source- (Wages) | Rs. 12,000/-  |



This Certificate is being granted only for the purpose of **medical treatment of his daughter.**

  
Signature of the applicant



  
Signature of the Revenue Officer  
Date --- Designation.  
(With seal of office)

ଭାରତୀୟ ନିର୍ବାଚନ କମିଶନ  
ELECTION COMMISSION OF INDIA  
IDENTITY CARD  
ACU0432260

ଭୋଟରଙ୍କ ନାମ : ସୀତା ତାଣ୍ଡି  
Elector's Name : Sita Tandi  
ପିତାଙ୍କ ନାମ : ବିରଞ୍ଚୀ ତାଣ୍ଡି  
Father's Name : Biranchi Tandi  
ଲିଙ୍ଗ / Sex : ଝିଅ / Female  
ଜନ୍ମ ତାରିଖ / Date of Birth : XX/XX/1990

ଠିକଣା : ACU0432260  
 ଗ୍ରାମ/ସ୍ଥାନ : ବରଗଡ଼-ଘା.ଠ. 16(ଅଂଶ)  
 ଗ୍ରାମ/ସହର : ବରଗଡ଼  
 ଥାନା : ବରଗଡ଼  
 ଜିଲ୍ଲା : ବରଗଡ଼  
 Address :  
 Village/Locality : Bargarh-Ward 16(Part)  
 G.P/Town : Bargarh  
 P.S. : Bargarh  
 District : Bargarh  
 Date : 12/07/2011  
 ଭାରତ ବିଧାନସଭା ନିର୍ବାଚନ ମଣ୍ଡଳୀର  
 ନିର୍ବାଚନ ବିଭାଗର ଅଧିକାରୀଙ୍କ ଦସ୍ତଖତ  
 Falsifiable Signature of  
 Election Registration Officer  
 3, Bargarh (SSSB) Constituency  
 ଠିକଣା ବଦଳାଇବା ପାଇଁ ଏହି ଠିକଣା ଠିକର ଠିକର ଭାବରେ ଉଲ୍ଲେଖ  
 କରିବା ପାଇଁ ଏହା ସହିତ ନିଜର ଠିକଣା ଠିକର ଠିକର  
 କରିବା ପାଇଁ ଏହି କାର୍ଡ ମଧ୍ୟ ଉପରେ ବଦଳି  
 In case of change in address, mention this card no. in the  
 relevant form for including your name in the roll at the  
 changed address and to obtain the card with same number.