



# NARAYAN SOCIAL WELFARE FOUNDATION (Regd.)

Head Office : 301, 3rd Floor, South Plaza-1, South Ext. Part-2, New Delhi 110049

Phone. No.: 011- 455 42 018 | Mobile No.:9999613753, 7827664266

Email:- info@narayanfoundation.org | www.narayanfoundation.org

## Beneficiary Registration Form

### Personal Details

First name: Mukesh Saini Last name: Saini

Date of birth /age 16031979 Sex: M  F  Others

Qualification:- \_\_\_\_\_ Occupation Driver Income per annum 8000/-

Address: house No. Nine Shapuri jait New Delhi - 49

### Family Details

Name	Relation	Date of Birth	Occupation	Income (yearly)
<u>R.K Saini Late</u>	<u>Father</u>	<u>65</u>	<u>NA</u>	
<u>Vidhya Saini</u>	<u>Mother</u>	<u>62</u>		
<u>Seema Saini</u>	<u>Spouse</u>	<u>38</u>		
<u>Mansi Saini</u>	<u>Dependent</u>	<u>18</u>		

### Contact Details

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

### Locality

Rural  Urban  Semiurban  Slum

Previous Consultations/Hospital Name:- NATIONAL heart hospital

Age at which the Problem was Recognised 1.5 yrs

### Past Diagnosis/diseases:-

Note/Remarks AF to RHD  
ECG ⇒ AF with COP - 95%

### Declaration:

I here by declare my authority to the management and staff of the foundation after being explained in details by the foundation authority in my own and understandable language about the above mentioned facility /procedure/treatments. I have also been explained that foundation will help and support. I will not hold the foundation responsible for any unfortunate incident.

Palce & Date: New Delhi - 28/07/2018  
For Narayan Social Welfare Foundation

Parents/Guardians Name & Signature

APPROVED BY:  
NSWF

AUTHORISED SIGNATORY:  
Authorised Signatory / President

Mukesh

दिल्ली सरकार राष्ट्रीय खाद्य सुरक्षा कार्ड  
कार्ड नं. 077001315207



नाम : SEEMA SAINI  
पता : 09, SHAHPUR JAT, DELHI - 110049

एफ.पी.एस. नाम : M/S SINGH RASHAN SHOP (5341)

टाईप : PR

एफ.एस.ओ. क्षेत्र - 50

परिवार के सदस्यों के नाम

नाम	नाम
SEEMA SAINI	
MUKESH SAINI	
MANSI SAINI	
SAHIL SAINI	

50 / 5341 / 0002

दिल्ली सरकार  
टीम दिल्ली • सर्वसेवा के साकार



For Narayan Social Welfare Foundation

Authorised Signatory / President

my keo

PHILIPS MUKESH SAINI 41/M MI 1.3 23-03-2018  
18-03-23-104655 NATIONAL HEART INSTITUT TIS 0.5 10:47:10

Adult Echo  
S-1  
33 Hz  
15.0cm

+ Length 5.13 cm

2D  
HGen  
Gn 50  
C 50  
3/2/0  
75 mm/s

P  
A  
R  
1.6 3.2

PHILIPS MUKESH SAINI 41/M MI 1.3 23-03-2018  
18-03-23-104655 NATIONAL HEART INSTITUT TIS 0.5 10:47:11

Adult Echo  
S-1  
33 Hz  
15.0cm

+ Length 0.743 cm  
x Length 4.58 cm  
o Length 0.816 cm  
■ Length 2.84 cm

2D  
HGen  
Gn 50  
C 50  
3/2/0  
75 mm/s

P  
A  
R  
1.6 3.2

PHILIPS MUKESH SAINI 41/M MI 1.3 23-03-2018  
18-03-23-104655 NATIONAL HEART INSTITUT TIS 0.5 10:48:53

Adult Echo  
S-1  
33 Hz  
15.0cm

+ Area 0.842 cm<sup>2</sup>  
Circ 4.09 cm

2D  
HGen  
Gn 50  
C 50  
3/2/0  
75 mm/s

P  
A  
R  
1.6 3.2

PHILIPS MUKESH SAINI 41/M MI 1.3 23-03-2018  
18-03-23-104655 NATIONAL HEART INSTITUT TIS 0.5 11:01:02

Adult Echo  
S-1  
33 Hz  
17.0cm

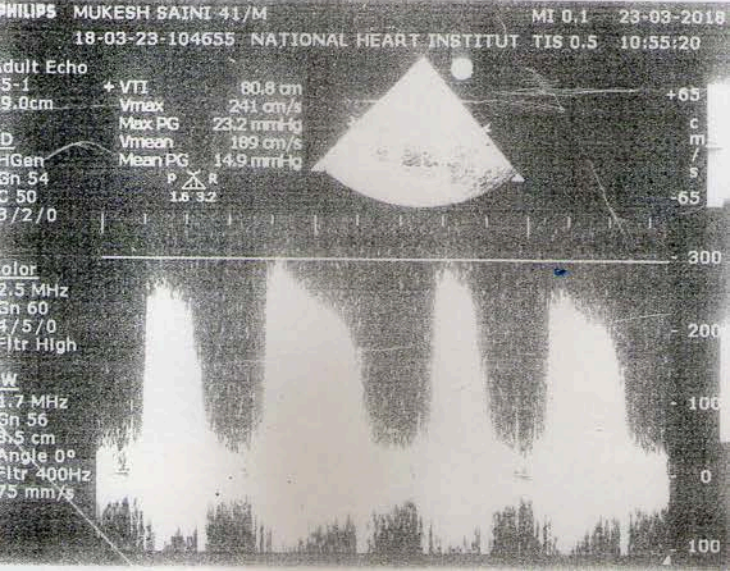
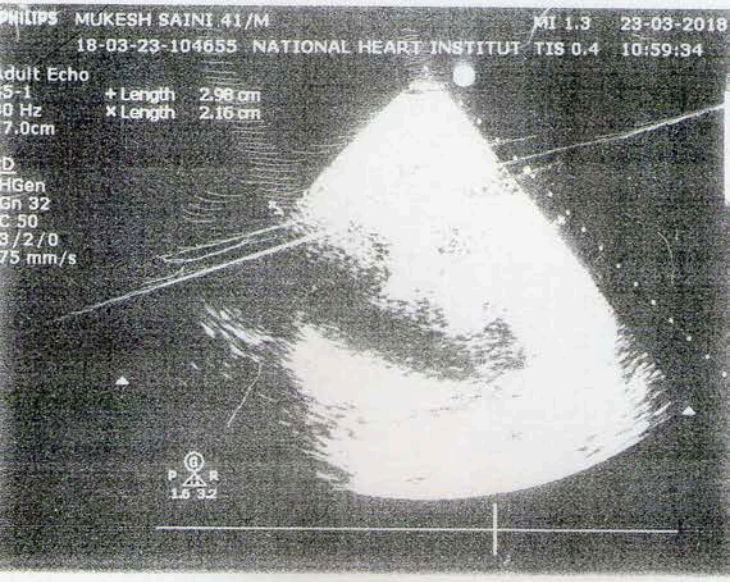
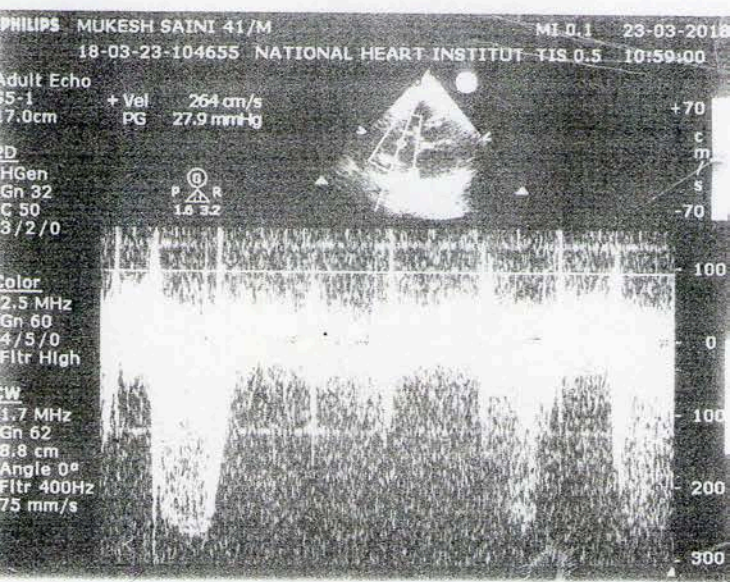
+ Distance 1.20 cm  
Time 0.283 sec  
Slope 4.25 cm/s

2D  
HGen  
Gn 29  
C 50  
3/2/0

P  
A  
R  
1.6 3.2

mode  
/3  
5 mm/s

mm





Name: **Mr. MUKESH SHAM**

Date & Time: **28/1/19 at 11.20 PM**

Age/Sex: **41 yr / male** C.R. No.:

Informant:

Mode of presentation: MLC:  Yes (MLC No.)  No.

Presenting Complaints: **Problem in breathing x 2 days = chest pain (atypical)**

Past History: **known case of RHD / severe mitral**

**Vitals**  
Pulse: **124** /min  
BP: **90/70** mmHg  
RR: **24** /min  
SpO<sub>2</sub>: **94** %  
Temp: **F**

**Examination:**  Pallor  Edema  Jaundice  JVP  
Lungs: **In crepitations**  
CVS: **3/4th**  
Abdomen:  
CNS:  
Other Findings:

**Investigations:**

RBS: **113** mg/dl  Troponin test:  Positive  Negative  
 ECG: **AF in V1-V6 / FTL**  
 Screening Echo:  
 Other tests:

Diagnosis:

**Advice:**  
 Discharge  
 Observation for.....hrs  
 Admission  ICU  Wards

**Treatment given:**

**Tab. Caris 20 mg OD  
Tab. Ultracet**

**Disposition**  
 Admitted: Wing:..... Bed No.:.....  
 Refused for admission  
Mr/Mrs/Ms..... has been advised for hospital admission for medical care and treatment.  
I, (name)..... (relationship with patient)..... have been fully informed about the risks and consequences of not getting admitted in hospital. Despite this advice, I have chosen not to get my patient/myself admitted and I accept sole responsibility for the consequences of this decision.  
Signature:..... Date:.....

**Treatment on Discharge:**

**When set for local apppt  
Tab. Sytar 10 mg OD  
Tab. Acidon 30 mg OD  
Tab. met xl 800  
Tab. Ranter 100 mg x 14 days  
Review after 14 days**

Test to be done:  
Follow up with Dr. ....  
Attending doctor's name: .....



Name: Mukesh Saini

Date & Time: 20/8/18 @ 9 pm

Age/Sex: 41/M C.R. No.:

Informant:

Mode of presentation: MLC:  Yes (MLC No.)  No.

Presenting Complaints: c/o B/L double limb pain for 1 hour & generalized (pain subsided by the time patient reached hospital)

Past History: R/O RHD & some MS E LRA clot & AIT FOR

**Vitals**  
Pulse: 96 /min  
BP: 110/70 mmHg  
RR: 18 /min  
SpO<sub>2</sub>: 98 %  
Temp:      F

**Examination:**  Pallor  Edema  Jaundice  JVP  
Lungs: A.E. ⊕  
CVS: S1S2 ⊕ ; MDM ⊕  
Abdomen: Soft  
CNS: conscious & oriented, no FND  
Other Findings: NO calf tenderness

**Investigations:**  
 RBS: 97 mg/dl  Troponin test:  Positive  Negative  
 ECG: Atrial fibrillation  
 Screening Echo:  
 Other tests:

**Diagnosis:**

**Advice:**  
 Discharge  
 Observation for.....hrs  
 Admission  ICU  Wards

**Treatment given:**  
iv Pantocid (40) stat  
iv Emetrol (4) stat  
iv Ramipril (5mg) stat

**Disposition**  
 Admitted: Wing:..... Bed No.:.....  
 Refused for admission  
Mr/Mrs/Ms..... has been advised for hospital admission for medical care and treatment.  
I, (name)....., (relationship with patient)....., have been fully informed about the risks and consequences of not getting admitted in hospital. Despite this advice, I have chosen not to get my patient/myself admitted and I accept sole responsibility for the consequences of this decision.  
Signature:..... Date:.....

**Treatment on Discharge:**  
continue medications as previously taking  
B/L LL arterial + venous doppler & follow up in OPD  
Tab. ultraacet sos

Test to be done:  
Follow up with Dr. V. Sharma  
Attending doctor's name: Dr. Ankit  
on.....  
Sign:.....

EWS

R. 80792

Mr. Mukesh Saini

14/3/19  
16/3/19  
6/5/19

41/M

RADS - 2.0 x 2.5 (area - 0.84 cm<sup>2</sup>)  
2 mm clot

less - S<sub>7</sub> found  
variable  
RADS (r)  
DS (r)

• mild TAM  
• AF & CO<sub>2</sub> = EF - 45%

1 wk - 1.21

Rx

- 1) Tab Acrivon 3/ce mg Ho DS
- 2) Tab Dytac plus (20/50) Ho DS 8am
- 3) Tab Fletam 20 (50) Ho DS
- 4) Tab Ranitac 150 mg BD

  
Dr. Saini

mukesh

<b>No.</b>	: NHI-00080792	<b>CASE ID</b>	: 250399
<b>AME</b>	: MR. MUKESH SAINI	<b>LAB NO.</b>	: 19-coa-327502
<b>GE/SEX</b>	: 42Y/M	<b>SAMPLE DATE &amp; TIME</b>	: 01/05/2019 - 11:48
<b>HONE/CELL NO.</b>	: / 7838427706	<b>REPORT DATE &amp; TIME</b>	: 01/05/2019 - 11:52
<b>REFERRED BY</b>	: HOSPITAL CONSULTANT	<b>IP/OP-LOCATION</b>	: O - OPD

Test	Result	Biological Reference Interval/Unit
PROTHROMBIN TIME		
CONTROL (Photo-Optical)	13.7	9.8 - 14.9 seconds
TEST VALUE (Photo-Optical)	<b>16.5</b>	9.8 - 14.9 seconds
INR	1.21	0.8 - 1.8

SAMPLE- SOD. CITRATE PLASMA  
 (PLEASE CORRELATE CLINICALLY. R - RESULT RECHECKED)  
 RECOMMENDED THERAPEUTIC RANGE FOR ORAL ANTICOAGULANT THERAPY  
 INR 2.0-3.0 :  
 \*TREATMENT OF VENOUS THROMBOSIS & PULMONARY EMBOLISM  
 \* PROPHYLAXIS OF VENOUS THROMBOSIS (HIGH RISK SURGERY) \* PREVENTION OF SYSTEMIC EMBOLISM IN TISSUE HEART VALVES, AMI, VALVULAR HEART DISEASE & ATRIAL FIBRILLATION \* BILEAFLET MECHANICAL VALVE IN AORTIC POSITION  
 INR 2.5-3.5 :  
 \* MECHANICAL PROSTHETIC VALVES  
 \* SYSTEMIC RECURRENT EMBOLI.

**\*\*\*End of Report\*\*\***

*mukesh*

*Nelson Devgan*  
**NELSON DEVGAN**  
 Technician  
*Dr. Rachna Singh*  
**Dr. Rachna Singh**  
 HON. Laboratory

**Dr. Vikas Singh**  
 Pathologist



4/10/10  
Mrs. Mukesh Singh (2111)



five

R: 80792

• RHD & sev. MS (MVA - 0.84cm<sup>2</sup>) / LAA clck  
• mod PAN | AF & CRK / CR = 45%

MVA E  
M CR / 18 / AAF

• Day good  
• in just couple

PT / INR - 16.2 / 1.15

♀

- ① Tab. Aspirin 3/4<sup>th</sup> salt. 200 mg
- ② Tab. Digoxin (200mcg) 1/2<sup>th</sup>
- ③ Tab. Metformin 250 mg
- ④ Tab. Ranitidine 150 mg
- ⑤ Need surgery

Repeat PT / INR

Rem in vps cycle mark

makesth  
hand  
8/10/10

EWS



Mr. Mukesh Saini, 41 yrs, M

3/7/12

R: 80792

Doing well  
 40- fever: x 3-4 days  
 14 with cough

2nd- deonton  
 10 minutes

ask

- Stop Aitron for 2 days
- Tab Aitron 3mg OD at 6 PM
- Plan to continue same

Uivoy x 1 month

- Tab Aze 300mg OD x 5 days
- Tab Finavet 170s x 5 days

*Uivoy*  
 NATIONAL HEART INSTITUTE  
 49-50, Community Centre,  
 East of Kailash  
 New Delhi-110065

*hmk*

<b>R. NO.</b>	NHI-00080792	<b>CR. NO.</b>	37900
<b>NAME</b>	MR. MUKESH SAINI	<b>ADMIT DATE</b>	23/03/2018 / 13:26
<b>AGE</b>	41Y/M	<b>DISCHARGE DATE</b>	06/04/2018 / :
<b>CONSULTANT</b>	Dr.SHARMA VINOD	<b>STATUS</b>	
<b>WARD</b>	ECONOMY ROOM	<b>PATIENT CLASS</b>	GENERAL

DISCHARGE SUMMARY

DIAGNOSIS:

- RHD, Severe MS (MVA = 0.84 cm<sup>2</sup>). /LAA clot
- Mild PAH
- AF with FVR, EF = 45%

PRESENTING COMPLAINTS: cough , dyspnea on exertion which was progressively increasing .

PAST HISTORY: H/O

Rhd ms

PHYSICAL EXAMINATION ON ADMISSION:	INVESTIGATIONS:
Pulse- 90/min, irregular af BP- --100/60 -mmHg Chest- B/L AE + CVS- S1 murmur, S2+ PA- Soft, non tender CNS- Conscious, oriented	ECG : AF with CVR. ECHO : RHD, severe MS (MVA = 0.84 cm <sup>2</sup> ). Trace MR. moderately thickened and mildly calcified mitral valve. LA markedly dilated. Global hypokinesia of LV . Overall, mild to moderately reduced global LV systolic function. LVEF = 40-45%. RA/RV Dilated. RV hypo kinetic. Trace TR. No pericardial effusion. LAA full of clot measuring 2.1 x2.9 cm protruding into LA. X-Ray Chest : Prominent bronchovascular markings noted in bilateral lung fields. Last INR 1.25 Copies of all reports attached with discharge summary.

COURSE IN HOSPITAL: Patient was admitted to NHI with above mentioned complaints. All relevant investigation was done. He was given acitrom for LAA clot and advised for maintain INR , he was explained about the risk associated with LAA clot. After stabilization his AF and heart rate , he was assessed and plan for discharged with following advice and medication

ADVICE: Compliance with medication.  
PT INR EVERY 15 DAYS

AFTER 15 DAYS

TEE TO ASSES FOR LAA CLOT

DIET: As advised by dietician. NO GREEN VEGETABLE

PHYSICAL ACTIVITY: Symptoms limited.BED REST

MEDICATIONS:

- Tab Acitrom 3 mg once daily at 6 pm
- Tab. Lasilactone ½ (20/50) once daily at 8 am
- Tab. Metoprolol 25 mg twice daily at 9 am, 9 pm
- Tab. rantac 150 MG 1 OD

*Mukesh*

Printed On : 06/04/2018 03:18

Printed By : krawat

**R. NO.** NHI-00080792  
**NAME** MR. MUKESH SAINI  
**DOB/AGE** 41  
**GENDER** M

**DATE OF REPORT** 23/03/2018  
**VISIT DATE** 23/03/2018  
**REFERRED BY** HOSPITAL CONSULTANT  
**IP/OP-LOCATION** OPD

### ECHOCARDIOGRAPHY

DIMENSIONS		NORMAL			NORMAL
Ao (ed)	28 mm	26-34 mm	IVS (ed)	7 mm	7-10 mm
LA (es)	51 mm	27-35 mm	LVPW (ed)	9 mm	7-10 mm
RVID (ed)	Dilated		EF	40-45 %	62% - 85%
LVID (ed)	45 mm	37-49 mm	FD %	%	28% - 42%
LVID (es)	mm				

#### MORPHOLOGICAL DATA

Mitral Valve	Moderately thickened & mildly calcified. AML domes, PML shows restricted motion	Interatrial septum	Normal
		Interventricular septum	Normal
Aortic Valve	Normal	Pulmonary artery	Normal
Tricuspid Valve	Normal	Aorta	Normal
Pulmonary Valve	Normal	Left Atrium	Markedly dilated
Right Ventricle	Dilated	Right Atrium	Dilated
Left Ventricle	Normal		

Printed On : 23/03/2018 04:44  
 Printed By : nkdwivedi  
 Technologist Name : CHEETRA RAWAT

23/03/2018-16:34

*Mukesh*

## 2- D ECHOCARDIOGRAPHY & COLOUR DOPPLER FINDINGS:

MVA by planimetry=  $0.84\text{cm}^2$ . Severe MS. Trace MR—both mitral leaflets moderately thickened & mildly calcified. AML domes, PML shows restricted motion. Aortic valve normal. No AR/AS. LV normal sized. LA markedly dilated. Global hypokinesia of LV. Overall, mild to moderately reduced global LV systolic function. LVEF=40-45%. RA/RV dilated. RV hypokinetic. Trace TR. No pericardial effusion. LAA full of clot measuring  $2.1 \times 2.9\text{cm}$  protruding into LA.

### COLOUR FLOW MAPPING:

A narrow turbulent jet of MS seen across the mitral valve during diastole.

MR-<1/3

TR-<1/3

### DOPPLER STUDIES:

The peak instantaneous pressure gradient across the mitral valve =23 mmHg,  
mean gradient = 14 mmHg.

PASP using TR jet-36mmHg

### IMPRESSION:

RHD, Severe MS[ MVA=  $0.84\text{cm}^2$ ]. Trace MR. Moderately thickened & mildly calcified mitral valve. LA markedly dilated. Global hypokinesia of LV. Overall, mild to moderately reduced global LV systolic function. LVEF=40-45%. RA/RV dilated. RV hypokinetic. Trace TR. No pericardial effusion. LAA full of clot measuring  $2.1 \times 2.9\text{cm}$  protruding into LA.



DR.REKHA MISHRA  
CONSULT. NON-INVASIVE CARDIOLOGY

<b>I. No.</b>	: NHI-00080792	<b>CASE ID</b>	: 195161
<b>IAME</b>	: MR. MUKESH SAINI	<b>LAB NO.</b>	: 18-hae-270058
<b>AGE/SEX</b>	: 41Y/M	<b>SAMPLE DATE &amp; TIME</b>	: 23/03/2018 - 14:38
<b>PHONE/CELL NO.</b>	: / 7838427706	<b>REPORT DATE &amp; TIME</b>	: 23/03/2018 - 15:05
<b>REFERRED BY</b>	: SHARMA VINOD	<b>IP/OP-LOCATION</b>	: I - ECONOMY ROOM/NHI ANNEXI 2ND FLOOR/203

Test	Result	Biological Reference Interval/Unit
<b>HEMOGRAM</b>		
HAEMOGLOBIN ESTIMATION (Non -Cyanide Hemoglobin Analysis)	15.0	13 - 17 gm/dl
PACKED CELL VOLUME (PCV) (RBC pulse height detection)	43.1	40 - 54 %
TLC (TOTAL WBC COUNT) (DC Detection Method)	6900	4000 - 10000 cells/cmm
<b>DIFFERENTIAL LEUCOCYTE COUNT</b> (DC detection / Manual Counting)		
NEUTROPHILS.	50	40 - 80 %
LYMPHOCYTES.	43	20 - 40 %
EOSINOPHILS	04	1 - 6 %
MONOCYTES	03	2 - 10 %
BASOPHIL	00	0 - 1
RBC COUNT (Electrical impedance)	5.17	4.6 - 6.2 millions/cmm
<b>RBC INDICES</b>		
MCV (Calculated parameter)	83.4	80 - 100 fL
MCH (Calculated parameter)	29.0	27 - 32 pg
MCHC (Calculated parameter)	34.8	32 - 35 %
PLATELET COUNT (Electrical impedance)	1.30	1.5 - 4.5 lakhs/cmm
ESR (MODIFIED WESTEREGREN)	05	0 - 15 mm/1hr

SAMPLE- . EDTA WHOLE BLOOD  
(PLEASE CORRELATE CLINICALLY. R - RESULT RECHECKED)

\*\*\*End of Report\*\*\*

JAY KUMAR GAUR

Technician

Dr. Rachna Singh  
HOD Laboratory

Dr. Vikas Singh  
Pathologist

Page 1 of 1

संवा में

दिनांक - 28/06/2019

नारायण सोशल वेल्फेयर फाउंडेशन,  
नई दिल्ली - 110049

विषय :- इलाज के हेतु राशियां पत्र  
महोदय / महोदया

प्रतिम निवेदन यह है कि मेरा नाम मुखेश चंद्र

निवास स्थान - 09, शाहपुर जल, दिल्ली - 110049 है मुझे  
इसमें रोग है और इसका उपचार के लिए डॉ०  
के बोला है मैं एक अधिक कमजोर आय  
का परिवार में गाड़ी चला कर आपन  
परिवार का जीवन भापन कर रहा हूँ  
अतः आपसे अनुरोध है कि मेरी  
मदद करने की कृपा करें,

For Narayan Social Welfare Foundation

Authorised Signatory / President

प्राची  
मुखेश चंद्र  
MM Kesh