



## Beneficiary Form

Name: Master Aryan Verma

Age: 7 Years

Sex : Male

### Brief details about the Beneficiary:

Master Aryan is a 7 years old boy suffering from Cyanotic CHD'S TRICUSPID ATRESIA \PULMONARY ATRESIA\LPA-HYPROPLASTIC . There are 5 family members in the family and his father is the only earning member , but due to Covid -19 situation he has been laid off & currently there are no working member in the family . B.O .Aryan has been advised URGENT SURGERY . The treatment is going to be in Sarvodaya Health Care Research Centre , Fbd ,under the supervision of Dr. Viresh Mahajan (Director Pediatric cardiac science ). The total estimate is Rs- 1,85,000\ - for the surgery . His family is not in a position to bear the expenses of his treatment .

### About the Family:

Father's Name	Mr. Shri Pal	Age	30	Edu		Occupation	Labourer
Mother's Name	Mrs. Sarawati Verma	Age	30	Edu		Occupation	House wife
Family Member's	5 Members	No. of Children's	1	No. of school going			0
Earning Member's	1	Monthly Income	Lock down no job	Belongs to			UP

### Medical Treatment

Hospital/Institution Name:	Sarvodaya Health care Research Centre
Address:	YMCA Road sector -8 Faridabad -121006
Diagnosis:	Cyanotic CHD'S TRICUSPID ATRESIA \PULMONARY ATRESIA\LPA -HYPROPLASTIC
Treatment Required:	BD – GLENN SURGERY \BT SHUNT (DECISION AFTER EVALUATION )
Reg No:	SR621900
Total (approx.) Treatment/Surgery	Rs.1,85,000\ -

Reason for which sponsorship required:	Surgery:	Yes	Treatment:	
Poor financial stands				

### Declaration:

I hereby declare that the information given above is true and I am not in position to afford expenditure expenses.

श्रीपल (श्रीपल)

Signature of Parents/ Guardian

Dr. Viresh Mahajan  
 Director - Pediatric Cardiac Science  
 MBBS, M.D. (Paediatrics)  
 Registration No.- HMC - 015181

Authorized Signatory

**Diya Medicare Foundation is Registered Trust**

Donation to Diya Medicare Foundation are eligible for deduction under Section 80 G of the Income Tax Act, 1961.

Aryan Verma / SR6219100 7yr 1 M

3-6-2021

Complex Cyanotic CHD.

Reports reviewed

Tricuspid Atresia, Pulmonary Atresia, severely cyanosed,  
Confluent borderline PA's, LPA appears hypoplastic

Adv

- Detailed Evaluation
- BT shunt / BD Glenn shunt
- High risk case.
- Risks explained

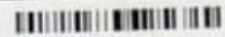
Viresh Mahajan -

**Dr. Viresh Mahajan**  
Director - Pediatric Cardiac Science  
MBBS, M.D. (Paediatrics)  
Registration No. - HMC - 015181



**INTRODUCING RT-PCR TESTING FOR COVID-19**

Permanent ID : P10121916



Registration No.: 102039794

Patient Name: Mst. ARYAN VERMA

Registration Dt./Tm.: 13/01/2021 15:41:24

Age/Sex: 6 Yrs Male

Report Dt./Tm.: 14/01/2021 15:31:00

ID Card No.:

Validation Dt./Tm.: 14/01/2021 15:31:01

Referred By: Dr. Vikas Kohli

Printed Dt./Tm.: 14/01/2021 15:33:12

Referring Hosp.: DELHI CHILD HEART CENTRE

**CT ANGIOGRAPHY PULMONARY VESSELS**

**STUDY PROTOCOL:**

SECTIONS OF APPROPRIATE THICKNESS WERE OBTAINED AT ADEQUATE INTERVALS IN A STATE OF ART MULTIDETECTOR CT SCANNER SO AS TO COVER THE REGION FROM THORACIC INLET TO DIAPHRAGM BEFORE AND AFTER THE ADMINISTRATION OF AN INTRAVENOUS CONTRAST. SUBSEQUENT ADVANCED POST PROCESSING WAS DONE ON A DEDICATED WORK STATION AND REFORMATTED MULTIPLANAR IMAGES, MAXIMUM INTENSITY PROJECTION (MIP), 3D VOLUME RENDERING AND SURFACE SHADED DISPLAY IMAGES WERE OBTAINED.

QUANTITY OF I.V. (NON-IONIC) CONTRAST INJECTED: 25 ml  
 COMPLICATIONS TO CONTRAST MEDIA: NONE

Clinical Information: Cyanosis and poor weight gain. Echocardiography reveals tricuspid atresia. Study done to evaluate pulmonary arteries.

**FINDINGS:**

There is situs solitus with levocardia. Liver, gallbladder and IVC are seen on right side of abdomen. Stomach and spleen are seen in left side of abdomen. IVC and SVC are normally seen draining into superior venacava. Both superior and inferior pulmonary veins are normally seen draining into left atrium. No left sided superior venacava seen.

Interatrial septum is not visualized suggestive of a large ostium secundum atrial septal defect (diameter ~ 30 mm) forming a common atrium. There is atrioventricular and ventriculoarterial concordance. Interventricular septum is intact. Left ventricle is dilated (diameter ~ 45 mm). Right ventricle is small (diameter ~ 15 mm) with hypertrophy of its wall (thickness ~ 9 mm). Main pulmonary trunk is seen arising from right ventricle. There is narrowing seen at the level of the pulmonary valve (diameter ~ 5 mm). Tricuspid valve is not well visualized. Advised: Echocardiography correlation.

Main pulmonary trunk and confluence of pulmonary arteries are visualized. Diameter of the main pulmonary trunk at the level of its bifurcation is ~ 16 mm. Diameter of the right main pulmonary artery at origin is ~ 8.4 mm, at mid-point is ~ 8.4 mm and at pre branching position is ~ 7.2 mm. Diameter of the left main pulmonary artery at

Contd...2

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 7/1-4, Yusuf Sarai Market, Aurobindo Mark, New Delhi -16, (Laboratory Medicine & Molecular Diagnostic Facilities)  
 +91 11 42199991, +91 11 42199992, +91 11 42199993, +91 11 49490909  
 Website: [www.focusimaging.co.in](http://www.focusimaging.co.in), Email: [info@focusimaging.co.in](mailto:info@focusimaging.co.in)  
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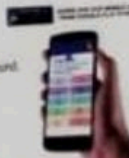
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**ON PANEL: CGHS, MCD, ESI, ECHS, DGEHS**  
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Permanent ID : P10121916

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Age/Sex: 6 Yrs Male

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origin is  $\sim 5.3$  mm, at mid-point is  $\sim 4.6$  mm and at pre branching position is  $\sim 4.7$  mm. Diameter of the descending thoracic aorta at the level of diaphragm is  $\sim 14.5$  mm. McGoon index is  $\sim 0.94$ .

Aorta is normally seen arising from left ventricle. There is left sided aortic arch with no coarctation of aorta. Variant arch anatomic seen in the form of common origin of right innominate artery and left common carotid artery as the first branch, left subclavian artery is seen second branch of arch of aorta. Arch vessels are patent.

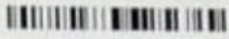
Ductus arteriosus is patent and is seen communicating with superior aspect of the left main pulmonary artery. There is narrowing seen at the confluence of the ductus arteriosus with left main pulmonary artery with differential density of the vessels. Diameter of the ductus arteriosus near the aorta is  $\sim 6.5$  mm, at its mid-point is  $\sim 5.3$  mm and nearest confluence with main pulmonary artery is  $\sim 1.4$  mm.

There are bunch of tortuous collaterals seen in the mediastinum around the trachea and esophagus supplying the lungs. There are multiple collaterals seen arising from descending thoracic aorta. There are atleast four large collaterals seen arising from right lateral wall of descending thoracic aorta. Diameter of the collaterals adjacent to upto the level of pulmonary hila on each side. There are multiple tortuous collaterals seen in both pulmonary hila and extending along the bronchovascular bundle of both lungs giving nodular pattern to lungs.

Left main coronary artery is seen arising from left coronary sinus and is dividing into left anterior descending artery and left circumflex artery. Diameter of the left main coronary artery is  $\sim 5$  mm. Diameter of left anterior descending artery is  $\sim 4.2$  mm and diameter of left circumflex artery is  $\sim 4.4$  mm. There is a vessel seen arising from LCX which could be traced upto the level of right pulmonary hilum and is seen communicating with bunch of collaterals at right hilum suspicious for collaterals arising from coronary arteries. Right main coronary is normally seen arising from right coronary sinus (diameter  $\sim 4$  mm). There is a branch of left anterior descending artery which is seen coursing anterolateral to the right ventricular outflow tract.

Multiple other non-bronchial systemic circulation also seen mainly arising from proximal part of the both subclavian arteries which could be traced upto the pulmonary hila. Diameter of the dominant collateral arising from proximal part of the right subclavian artery coursing along the right tracheoesophageal groove is  $\sim 5$  mm



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and the diameter of the dominant collateral arising from proximal part of the left subclavian artery coursing in the left tracheoesophageal groove is ~ 4.2 mm. The internal thoracic arteries on each side are also seen supplying the collaterals. Right inferior phrenic artery is hypertrophied (diameter ~ 4.2 mm) which could be traced upto the level of pericardial location in the region of cardiac apex. There are multiple collaterals seen around the gastroesophageal junction and distal esophagus which are also seen communicating with collaterals at pulmonary hila.

Rest of the bilateral lungs reveal normal parenchyma with normal bronchovascular pattern. No cavitory consolidation nor any bronchiectasis seen in lungs. Trachea is in midline with normal divisions at the carina. No significant lymphnodes in mediastinum, axilla nor supraclavicular fossa on either side. No pleural thickening or any effusion in either hemithorax. Visualized bones and muscles are normal.

### IMPRESSION: CT PULMONARY ANGIOGRAPHY REVEALS:

Findings are suggestive of large ostium secundum atrial septal defect (diameter ~ 30 mm) resulting in common atria, non-visualization of tricuspid valve, small right ventricle with hypertrophy of its wall (thickness ~ 9 mm), narrowing at the level of pulmonary valve (diameter ~ 5 mm).

Main pulmonary trunk and confluence of pulmonary arteries are visualized. Diameter of the main pulmonary trunk at the level of its bifurcation is ~ 16 mm. Diameter of the right main pulmonary artery at origin is ~ 8.4 mm, at mid-point is ~ 8.4 mm and at pre branching position is ~ 7.2 mm. Diameter of the left main pulmonary artery at origin is ~ 5.3 mm, at mid-point is ~ 4.6 mm and at pre branching position is ~ 4.7 mm. Diameter of the descending thoracic aorta at the level of diaphragm is ~ 14.5 mm. McGoon index is ~ 0.94.

Bunch of tortuous collaterals seen in the mediastinum around the trachea and esophagus extending from the level of thoracic inlet upto gastroesophageal junction which are supplying the lungs. There are multiple collaterals seen arising from descending thoracic aorta (atleast four collaterals; diameter ranging from 3-3.4 mm) which could be traced upto the level of pulmonary hila suggestive of major aortopulmonary collateral arteries (MAPCAs).

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Website: [www.focusimaging.co.in](http://www.focusimaging.co.in), Email: [info@focusimaging.co.in](mailto:info@focusimaging.co.in)

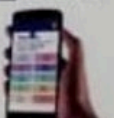
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**Multiple other non-bronchial systemic circulation also seen supplying the lungs mainly collaterals arising from proximal part of the subclavian arteries on each side, collaterals arising from both internal thoracic arteries, collaterals arising from coronary arteries (left circumflex artery) and collaterals arising from inferior phrenic artery.**

**ADVISED: CLINICAL AND DSA CORRELATION IF CLINICALLY INDICATED.**

**Dr. Shakti Pratap Singh**  
MD (Radiodiagnosis)  
Senior Consultant Radiologist  
DMC Reg. No.: 02941

### Consultation Summary

Name:	Master Aryan Verma	MR No:	0220001605
Age:	6 Years	DOB:	18-10-2014
Gender:	Male	Visit ID:	OP0221002167
Address:	Bhainsha Gwalpur, Barkhera Kalan	Visit Date:	03-03-2021 09:25
Location:	PILIBHIT, UTTAR PRADESH	Doctor:	DR. YOGESH C SATHE (Consultation)
		Department:	Pediatric Cardiology
		Reference No:	

### Vitals

Date	Pulse (bpm)	B.P (mmHg)	Resp (per Minute)	Temp (°F)	Height (cm)	Weight (Kg)	SPO2 (%)	User
03-03-2021 12:27	112		30	98	115	17	72	opdnurs

### Clinical Assessment Summary

#### Chief Complaints:

Out side ECHO shows -Tricuspid Atresia

C/o Cyanosis, Poor weight gain, Tiredness on Physical Activity since 1 years

CT angio done at Focus Imaging, New Delhi on 14.1.2021 reveals MPA=16mm, RPA(O)=8.4mm, RPA at mid point=8.4mm, RPA at pre branching =7.2mm, LPA(O)=5.3mm, LPA at mid point=4.6mm, LPA at pre branching=4.7mm,

There are bunch of tortuous collaterals seen supplying lungs. Detail report with patient

#### Systemic Examination:

S1 normal, S2 single, ESM

### Consultation Details

Diag. Type	Diag. Code	Description
Principal	Q211	Atrial septal defect
Secondary	Q250	Patent ductus arteriosus

### Cardiac Consultation Summary

#### Echo Details:

Congenital Heart defect

Situs Solitus Levocardia

Normal pulmonary & systemic venous connection

Large Fossa ovalis ASD (28mm) right to left shunt,

Hypoplastic Nearly Atrietic TV, TV annulus=3mm (Z score: -7.8)

No MR, MV annulus=27mm

Intact IVS (VSD shunt not seen)

No antegrade flow seen across PV

No AS/AR, AoV annulus=15.7mm, Tricommissural AoV

Small branch PA's (Exp:10mm), LPA=5mm (Z score: -3.6), RPA=8mm (Z score: -1.6)

Hypoplastic RV

Normal Coronaries



**Sri Sathya Sai Sanjeevani International Centre For Child Heart Care & Research**  
Bhagola, NH-2, Delhi-Mathura Road, Palwal Dst, Haryana-121102  
Telephone : 01275-298130

SRI SATHYA SAI SANJEEVANI  
INTERNATIONAL CENTRE FOR  
CHILD HEART CARE & RESEARCH

PDA(2mm) left to right shunt  
Additional significant collaterals seen  
Left aortic arch, No CoA/LSVC  
Normal Ventricular Function

**Final Diagnosis:**

Large Fossa ovalis ASD (28mm) right to left shunt, VSD shunt not seen, Hypoplastic Nearly Atretic TV, No antegrade flow seen across PV, PDA(2mm) left to right shunt, Additional significant collaterals seen, Small branch PA's

**Child Heart Care Team Decision:**

To be discussed in cath meeting for BDG in view of small pulmonary arteries. Parents advised to explore surgical option in other pediatric cardiac center as well.

Follow up with pediatrician for routine care, Family counselled

**Prescription Notes:**

Tab Inderal 10mg TDS | - | - | - |  
Syp Vitcofol 5ml OD - D -

**Advice:**

Dental care  
IE Prophylaxis  
Avoid dehydration

**Dr. Yogesh C Sathe**  
Senior Consultant

**Dr. Gautam Shankar**  
Junior Consultant

**Dr. Paramvir Singh**  
Junior Consultant



सत्यमेव जयते

भारत सरकार

Government of India



श्री पाल वर्मा

Shree Pal Verma

जन्म तिथि / DOB : 05/05/1991

पुरुष / Male



4539 2706 0783

आधार - आम आदमी का अधिकार



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भारतीय विशिष्ट पहचान प्राधिकरण

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Government of India

नामांकन क्रम / Enrollment No.: 2017/79051/01094

To  
आर्यन वर्मा  
Aryan Verma  
S/O: Shripal  
gram -Bhainsha gwalpur post- barkhera kaian  
Barkhera Kata  
Barkhera  
Bisalpur Pilibhit  
Uttar Pradesh 262203  
9759715540

29/06/2016

373532365



MA735323650FT



आपका आधार क्रमांक / Your Aadhaar No. :

**6775 8637 7827**

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



आर्यन वर्मा  
Aryan Verma  
पिता : श्रीपाल  
Father : Shripal  
जन्म तिथि / DOB : 01/01/2014  
पुरुष / Male



**6775 8637 7827**

मेरा आधार, मेरी पहचान



## INCOME & RESIDENTIAL ADDRESS CERTIFICATE

TO WHOM IT MAY CONCERN

This is to certify that Mr. / Mrs. Shree Pal Verma is resident of vill. Bhaishar gawalpur,  
Barkhera, Bisalpur Distt. pitidhit U.P. Pin- 26 22 03

.....and his/ her annual financial income is  
Rs. 36000/- with Aadhar card no. 4539 2706 0783

I recommend their case to be considered by your Trust.

Name of the MP/ MLA: Sh./ Smt. Kishan Lool Rajput

Address.....

Town..... State..... Ph.....

Signature [Signature]

Date: 15/01/21

(Please affix the seal)

क़िशान लाल राजपूत  
विधायक  
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पीलीभीत

*Making Hearts smile*