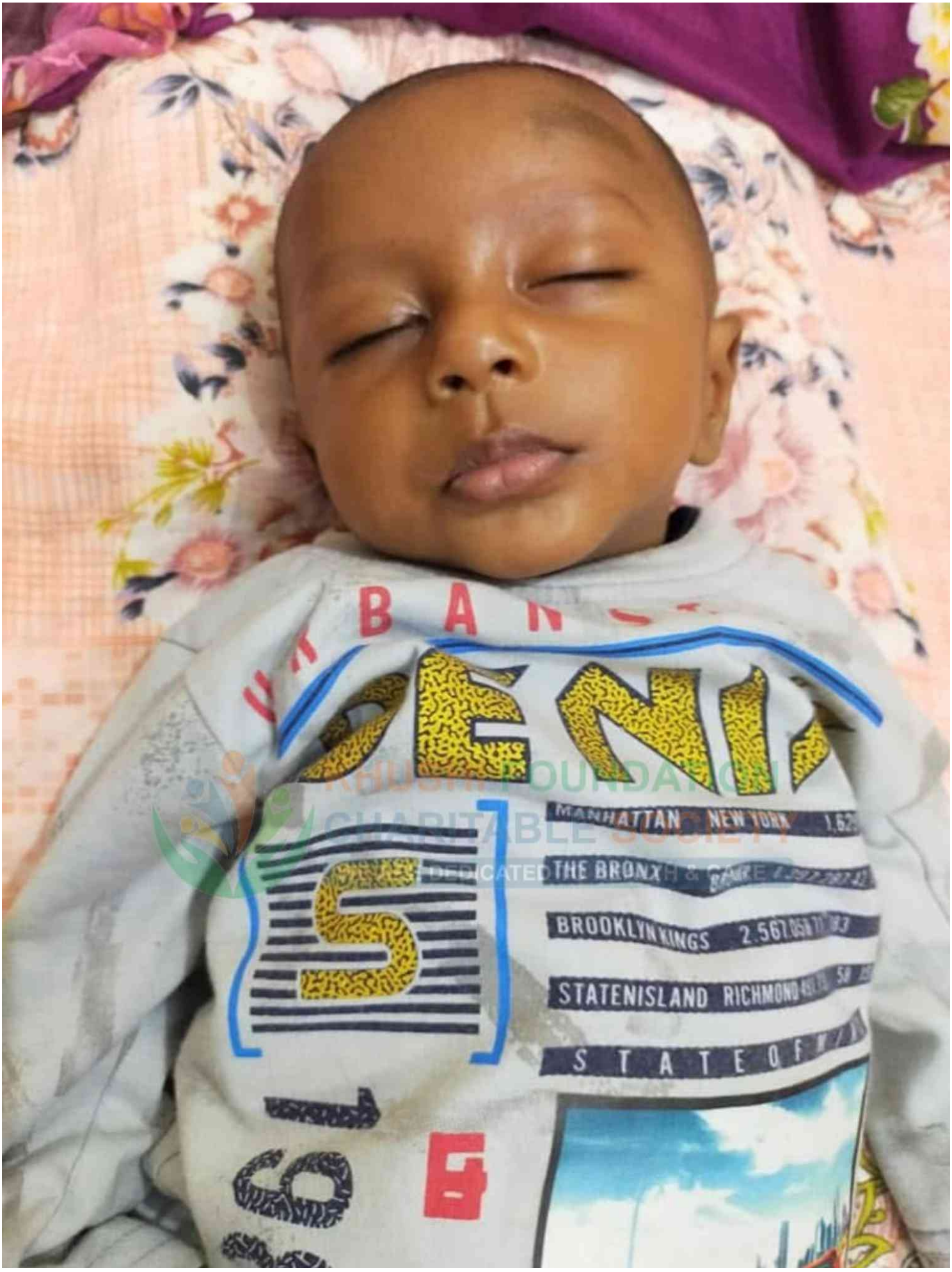


Consultant Radiologist

Dr. ANANTHA KRISHNAN.S

M.B.B.S, M.D. RADIOLOGY
(I.M.S, B.H.U GOLD MEDALIST)

Name Jishan / Dr. Abdul Ra

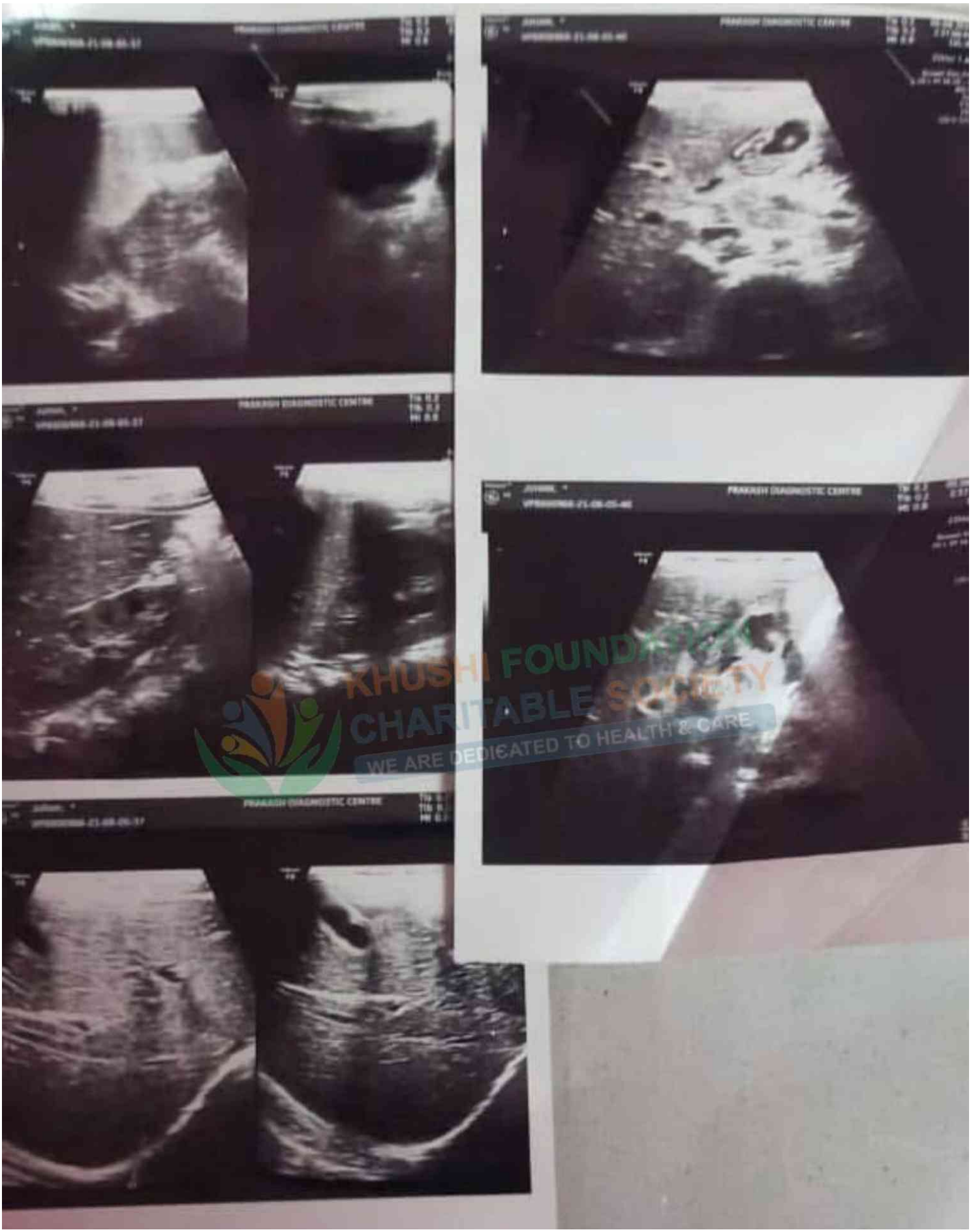
Age / Sex 6 Months/M Date 05/08/21

Investigation USG

Prakash Diagnostic Center

Near New Distt. Hospital, Narai Bandh, Mau - 275101 (U.P.)

Phones : 0547 - 2510350 Mob : 98396 12875 , 94152 80827 , 94156 19524



Ph. : 0547-2510350, CELL : 9415619524, 9839612875

प्रकाश डायग्नोस्टिक सेन्टर
PRAKASH DIAGNOSTIC CENTRE

NEAR NEW DISTRICT HOSPITAL, NARAI BANDH, MAU 275101, Email : pdgmau@gmail.com

Report

PATIENT'S NAME	:	JUBAN	AGE/SEX: 6 MONTH /M
REF. BY	:	DR. ATUL RAI	Thursday, August 05, 2021

U/S WHOLE ABDOMEN

LIVER : Liver is normal in size , shape & echotexture. Intra hepatic biliary radicals are normal. Portal veinous channels are normal.

G. B. : Gall bladder is normal in size, lumen is clear. Wall thickness normal.

C.B.D. : C.B.D. is normal in caliber.

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any inflammatory disease or mass.

SPLEEN : Spleen is normal in size, shape and echotexture.

Rt. KIDNEY : Normal in size, shape and echotexture. Renal sinus is normal Cortico medullary differentiation is normal. P. C. system is normal.

Lt. KIDNEY : Normal in size , shape and echotexture. Renal sinus is normal Cortico medullary differentiation is normal. P. C. system is normal.

URI. BLADDER : Urinary bladder is normal in size, shape, & position. Wall thickness Normal .
No escites &retro peritoneal lympahdenopathy seen.

IMPRESSION :

- **PYLORIC CANAL LENGTH MEASURES 14 mm (Normal).**
- **PYLORIC MUSCLE THICKNESS MEASURES 2.3 mm (Normal).**
- **NO SONOGRAPHIC FEATURES OF [illegible] HYPERTROPHIC PYLORIC STENOSIS (CHPS).**

NORMAL SCAN.

Dr. Santosh Kumar Gupta
MBBS,DNB,DMRD
(RADIODIAGNOSIS)

आस्था मैटरनिटी एण्ड चाइल्ड केयर

डॉ श्रीमती अनिशा राय
Dr. Anisha Rai
M.B.B.S., M.D. (Obs. & Gynae)

डॉ अतुल राय
Dr. Atul Rai
M.B.B.S., M.D. (Paediatrics)

75/p

Pt's Name: Suhan   Date: 5/8/21

Address: Dumrao   Age ____ Sex ____

Wt. 5.5kg

Ht.

H.C.

MAC

Vaccination Status

USG Abdomen

Milk formula [illegible]

Rx

Rx

Syp Paracetamol 30 drops TDS ×4

[illegible] 15d (30d) TDS ×4

Syp [illegible] 10 drops BD ×4

Syp Zinc 10 drops BD ×4

Syp [illegible] 10 drops TDS ×4

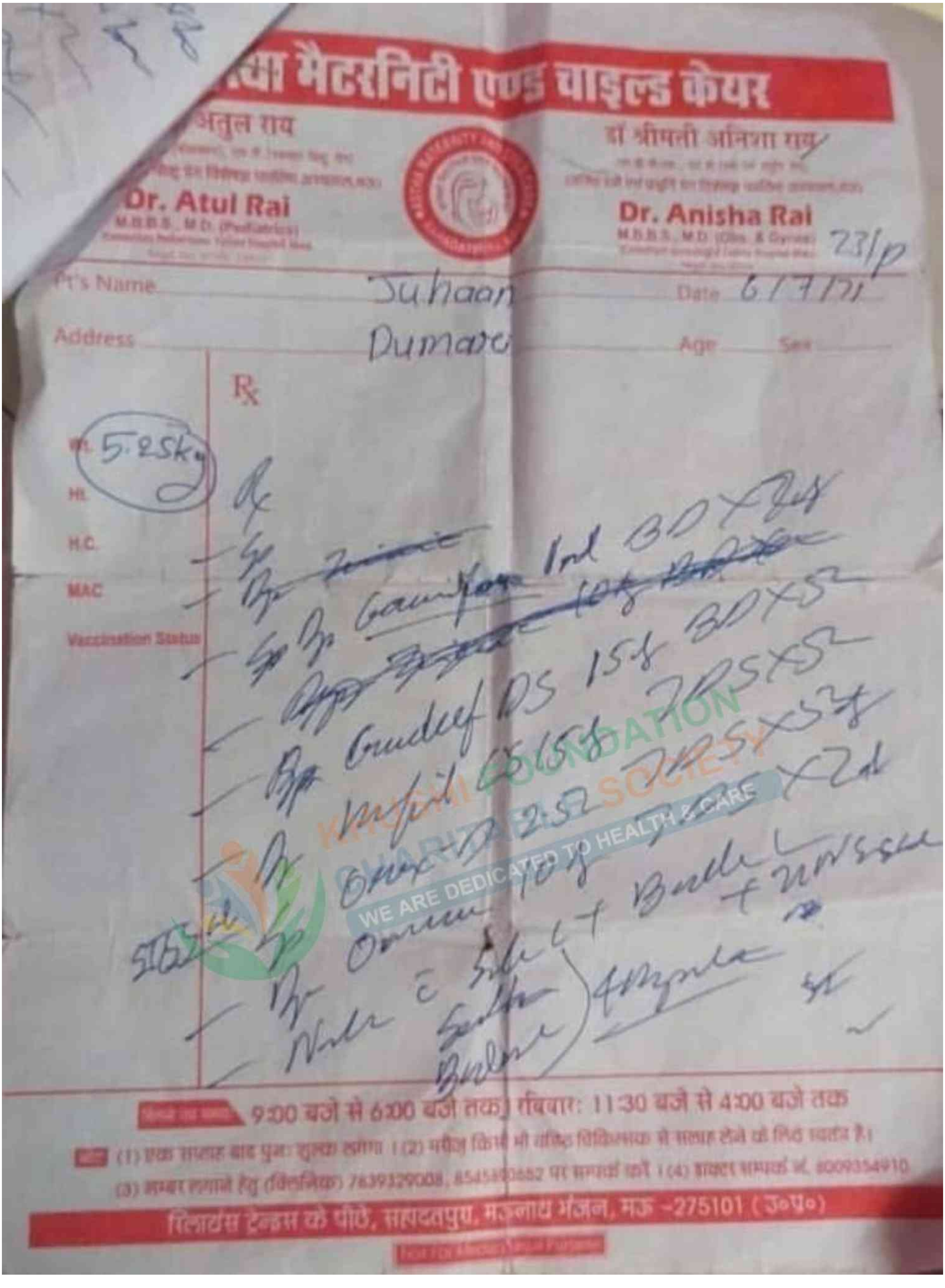
Syp Aptoligo [illegible]

9:00 बजे से 6:00 बजे तक। रविवार: 11:30 बजे से 4:00 बजे तक

(1) एक सप्ताह बाद पुनः शुल्क लगेगा। (2) मरीज़ किसी भी वरिष्ठ चिकित्सक से सलाह लेने के लिये स्वतंत्र हैं।
(3) नम्बर लगाने हेतु (क्लिनिक) 7839329008, 8545890652 पर सम्पर्क करें। (4) डाक्टर सम्पर्क नं. 8009354910

रिलायंस ट्रेन्ड्स के पीछे, सहादतपुरा, मऊनाथ भंजन, मऊ -275101 (उ०प्र०)

Not For Medico Legal Purpose



मैटरनिटी एण्ड चाइल्ड केयर

अतुल राय

Dr. Atul Rai

M.B.B.S., M.D. (Paediatrics)

डॉ श्रीमती अनिशा राय

Dr. Anisha Rai

M.B.B.S., M.D. (Obs. & Gynae)

23/p

Pt's Name: Suhaan   Date: 6/7/21

Address: Dumarc   Age ____ Sex ____

℞

Wt. 5.25kg

Ht.

H.C.

MAC

Vaccination Status

Gudcef DS

9:00 बजे से 6:00 बजे तक, रविवार: 11:30 बजे से 4:00 बजे तक

(3) नम्बर लगाने हेतु (क्लिनिक) 7639329008, 8545...0682 पर सम्पर्क करें। (4) डाक्टर सम्पर्क नं. 8009354910

रिलायंस ट्रेन्ड्स के पीछे, सहादतपुरा, मऊनाथ भंजन, मऊ -275101 (उ०प्र०)

अ भा आ सं अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग/Out Patient Department

OPR-6

यूनिट/Unit
विभाग/Dept
नाम/Name
पी.डी. रजि. नं./P.D. Regn. No
पता/Address

निदान/Diagnosis: Mixed Cerebral palsy

तारीख/Date: 29

उपचार/Treatment

14y / Male

Global dev delay
Instability
H/o perinatal insult - NICU stay ; Neonatal
SL - Normal ; NNJ
NO H/o Spasm
O/E Dystonia of B/E UL
Spasticity in all four limbs
Hearing - N

Plan
- EEG (Sleep awake)
- MRI Brain

Advice
- Syp Baclofen 1ml/1mg 1.5ml — 1.5ml

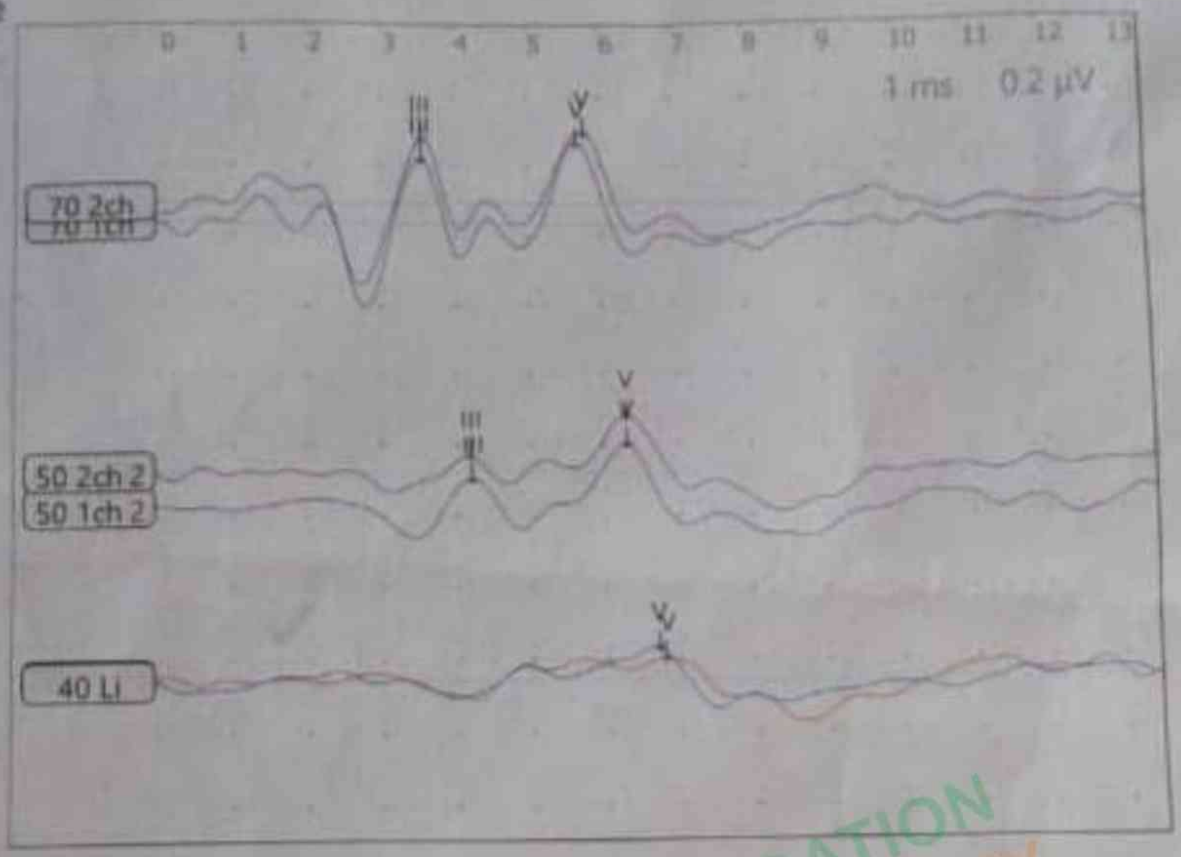
Vision/Hearing - RPC

- Physical therapy - PMR

DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, ANSARI NAGAR, NEW DELHI
AUDIOTORY BRAIN RESPONSES

Patient: JAUHAN, 1 year 2 month (25-01-2021)
Date: 20 April 2022
ID- 807/22

ABR: ABR 2 channels
1: Cz-M1
2: Cz-M2



Latencies && amplitudes (right ear)

N	I (ms)	III (ms)	V (ms)	I-III (ms)	V-Va (µV)
40 Ri			6.80		

Latencies && amplitudes (left ear)

N	I (ms)	III (ms)	V (ms)	I-III (ms)	V-Va (µV)
40 Li			6.69		

Latencies && amplitudes (both ears)

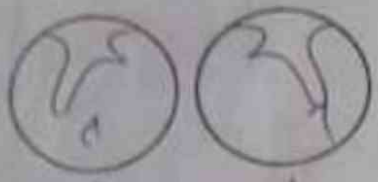
N	I (ms)	III (ms)	V (ms)	I-III (ms)	V-Va (µV)
70 1ch		3.55	5.89		
70 2ch		3.55	5.77		
50 1ch 2		4.21	6.30		
50 2ch 2		4.18	6.30		

B/L V+ peak observed till 40dB n.H.

20/4/22

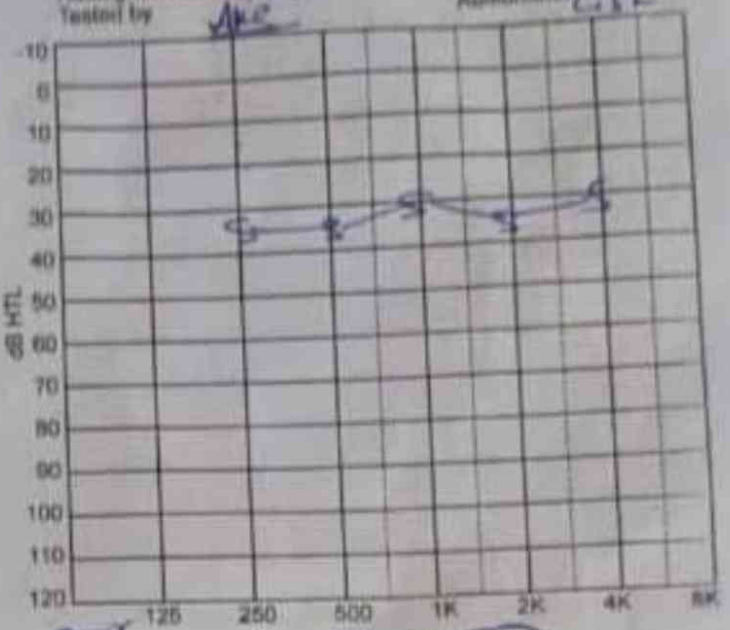
DEPARTMENT OF OTORHINOLARYNGOLOGY & HEAD-NECK SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Requisition form for audiometric evaluation

Name: Mr Jauhar
Age/Sex: 1/M
UHID:
Diagnosis: 10590754



Weber:
Rinne:
ABC:
Diagnosis:
Requested by:
Date:

Audiogram No: 428
Tested by: ABC
Date: 12/4/22
Audiometer: CST



Reliability / Remarks: Poor
Startle (+ve)
CI B/L Normal hearing Sensitivity.

INVESTIGATION REQUIRED

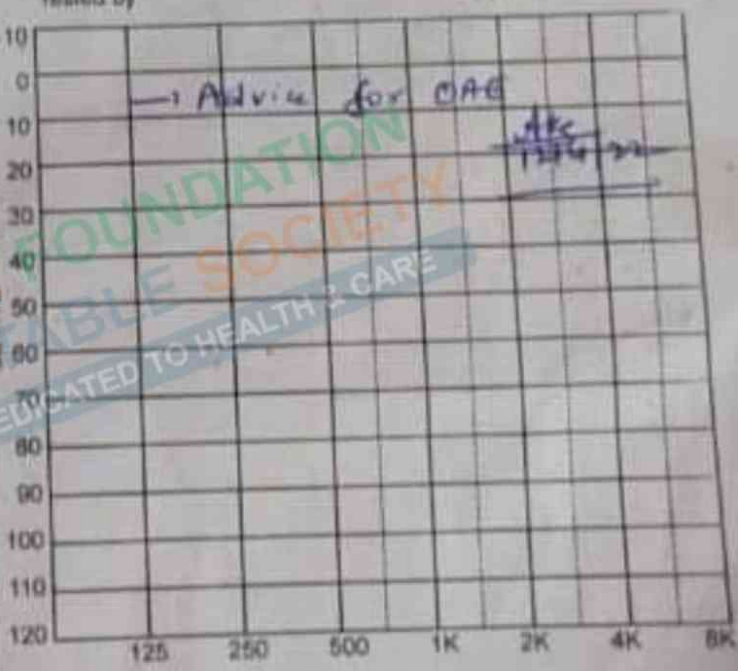
- Pure tone Audiometry [ ]
- Speech Audiometry [ ]
- Free Field Audiometry [ ]
- Special Tests
  - Dilluence Lmen (DL) [ ]
  - SISI [ ]
  - Tone Decay [ ]
  - ABLB [ ]
- Tinnitus Matching/ Masking [ ]
- BERA [ ]
- Hearing Aid Trial [ ]
- Ear Mould Measurement [ ]
- Others [ ]

AUDIOMETRY KEY

	R	L
A.C. Unmasked	O	X
No response	O	X
A.C. Masked	△	□
No response	△	□
B.C. (Mastoid) Unmasked	<	>
No response	<	>
B.C. (Mastoid) Masked	[	]
No response	⌋	⌊

B.C. (Forehead) Unmasked V
Free Field S

Audiogram No:
Tested by:
Date:
Audiometer:



Reliability / Remarks: .....

Immitance		RT	LT
Type			
Compliance			
Pressure			
Reflex	IPSI		
	CONTRA		

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग /Out Patient Department

OPR-6

इकाई/Unit

विभाग/Dept.

नाम/Name

O.P.D. Regn. No.

पता/Address

34

निदान/Diagnosis 41168

दिनांक/Date

उपचार/Treatment

D delayed cry at birth

delayed milestones

ABR - 867/22 20/4/22

O/E

FFA 4124 12/4/22

Adv

FFA - 4124

→ Pediatric Neurology

PRC

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता है इसका विकल्प

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)

मेरा अस्पताल My Hospital

merahospital.nhp.gov.in

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

बालरोग चिकित्सा विभाग / DEPARTMENT OF PAEDIATRICS
बाल तंत्रिकाविज्ञान प्रभाग / CHILD NEUROLOGY DIVISION
(ई.ई.जी. फार्म / EEG REQUISITION FORM)

ई.ई.जी. प्रयोगशाला, कमरा सं. 12, बाल ओ.पी.डी. फोन नं. 011-2654-6512
EEG LAB, ROOM No.-12, Children OPD, Ph No. 011-2654-6512

(अपूर्ण भरा हुआ फार्म वापस कर दिया जाएगा / Incompletely filled requisition forms will be returned)

रोगी का नाम / Patient Name : Md Faizan आयु / Age 14yrs लिंग / Sex: पुरुष Male / स्त्री Female

ओ.पी.डी. / O.P.D / सी.आर.नं. / CR No. .....

यू.एच.आई.डी. सं. / UHID No. 1050075419 ई.ई.जी. प्रपत्र भरने की तारीख / Date of filling the EEG form : 22/06/22

Clinical diagnosis : (Mandatory): Mixed cerebral Palsy

Epilepsy : Yes/No Duration :

Seizure semiology : Incessant Cry ; ↓ Sleep

Seizure frequency :

Date of last Seizure : Current medications/dose : No AEM

Associated conditions : Intellectual disability/Cerebral Palsy/Behavioral Problems/Others Specify

Reason for requesting EEG : ? c/f TES

Special preparation : Sleep deprivation/Others

Relevant Investigations :

ई.ई.जी. प्रकार / EEG type
Routine EEG
Short term Video EEG
Long term Vidoe EEG
Overnight long term Video EEG
Ambulatory

Patient state required :
Induced Sleep
Natural Sleep
Awake
Both Sleep and Awake

जरूरत अनुसार विशेष प्रक्रियायें Special maneuvers required :
Hyperventilation —
Photic stimulation
Induction for Psychogenic non-epileptic events
Fixation off sensitivity
Any specific stimuli for reflex epilepsy : .....

Previous EEG No. ..... Date .....
Report .....

Neuroimaging Not done

वरिष्ठ रेजीडेन्ट के हस्ताक्षर / Senior resident signature

कृपया ..... के दौरान ई.ई.जी. की तारीख चाहिए
EEG date required within .....

नाम / Name : .....
परामर्शदाता के हस्ताक्षर / Consultant Signature