
MANHATTAN NEW YORK
THE BRONX
BROOKLYN KINGS
STATENISLAND RICHMOND

PDC

Consultant Radiologist

Dr. ANANTHA KRISHNAN.S

M.B.B.S, M.D. RADIOLOGY

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

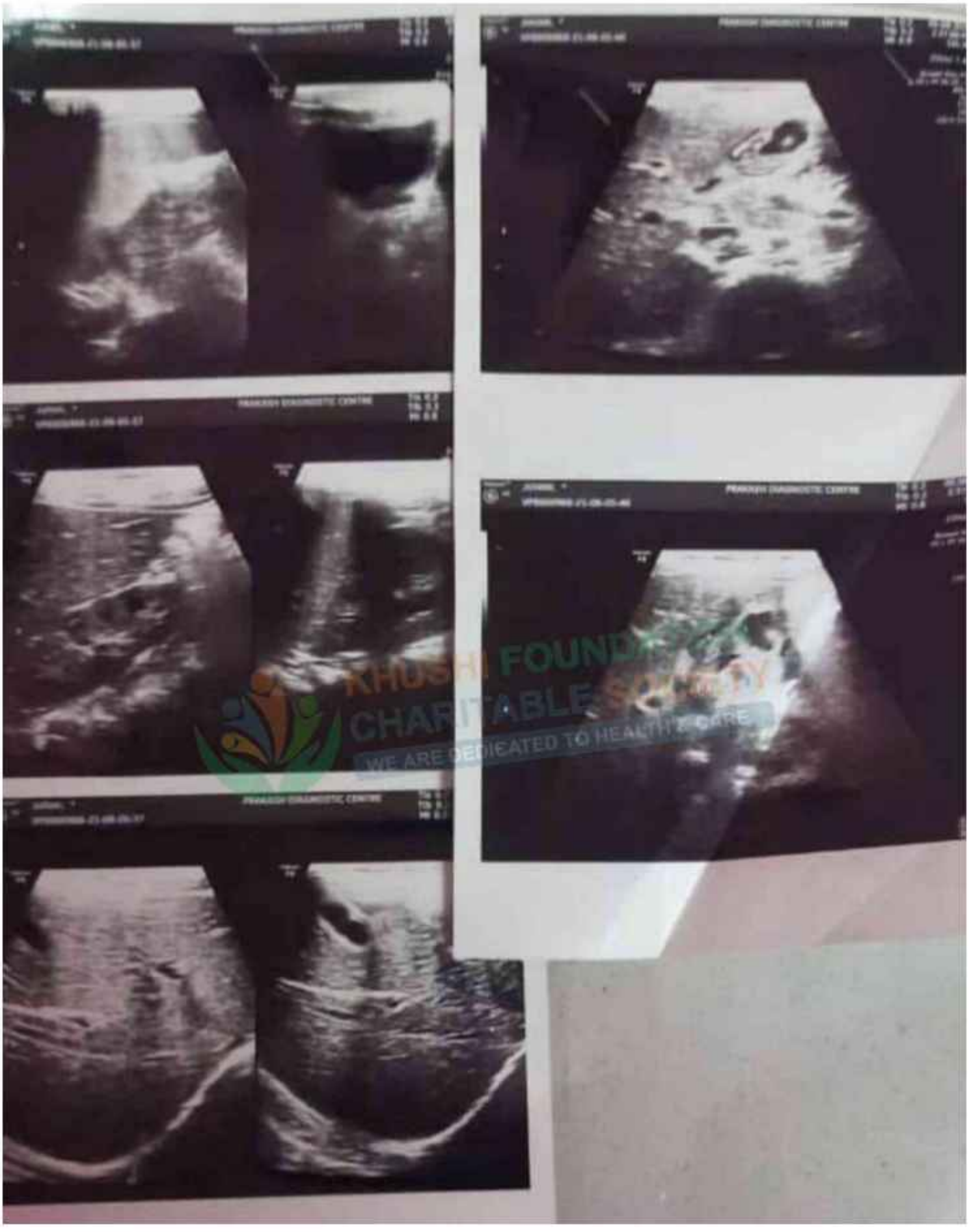
Name Jithin / Dr. Atul Rai

Age / Sex 6 m / 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- 2519355, CELL : 9415619524, 9839612873

Report

प्रकाश डायग्नोस्टिक सेन्टर
PRAKASH DIAGNOSTIC CENTRE

NEAR NEW DISTRICT HOSPITAL, NAKHI BANDH, MAU 275101, Email : ...

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 ascites &retro peritoneal lympahdenopathy seen.

IMPRESSION :

- **PYLORIC CANAL LENGTH MEASURES 14 mm (Normal).**
- **PYLORIC MUSCLE THICKNESS MEASURES 2.3 mm (Normal).**
- **NO SONOGRAPHIC FEATURES OF CIRCUMSCRIPTED 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

डॉ अतुल राय

Dr. Atul Rai

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

X/P

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

Address: Dumrao   Age: Sex:

Wt. 5.5kg

Ht.

H.C.

MAC

Vaccination Status

℞

℞

USG Abdomen

Syp Paracetamol 30 kg TDS × 4

Syp Pantoprazole (30 kg) BD × 4

Syp 10 kg TDS × 4

Syp Zinc 10 kg BD × 4

Syp 10 kg TDS × 4

Syp Aptamil

Milk powder

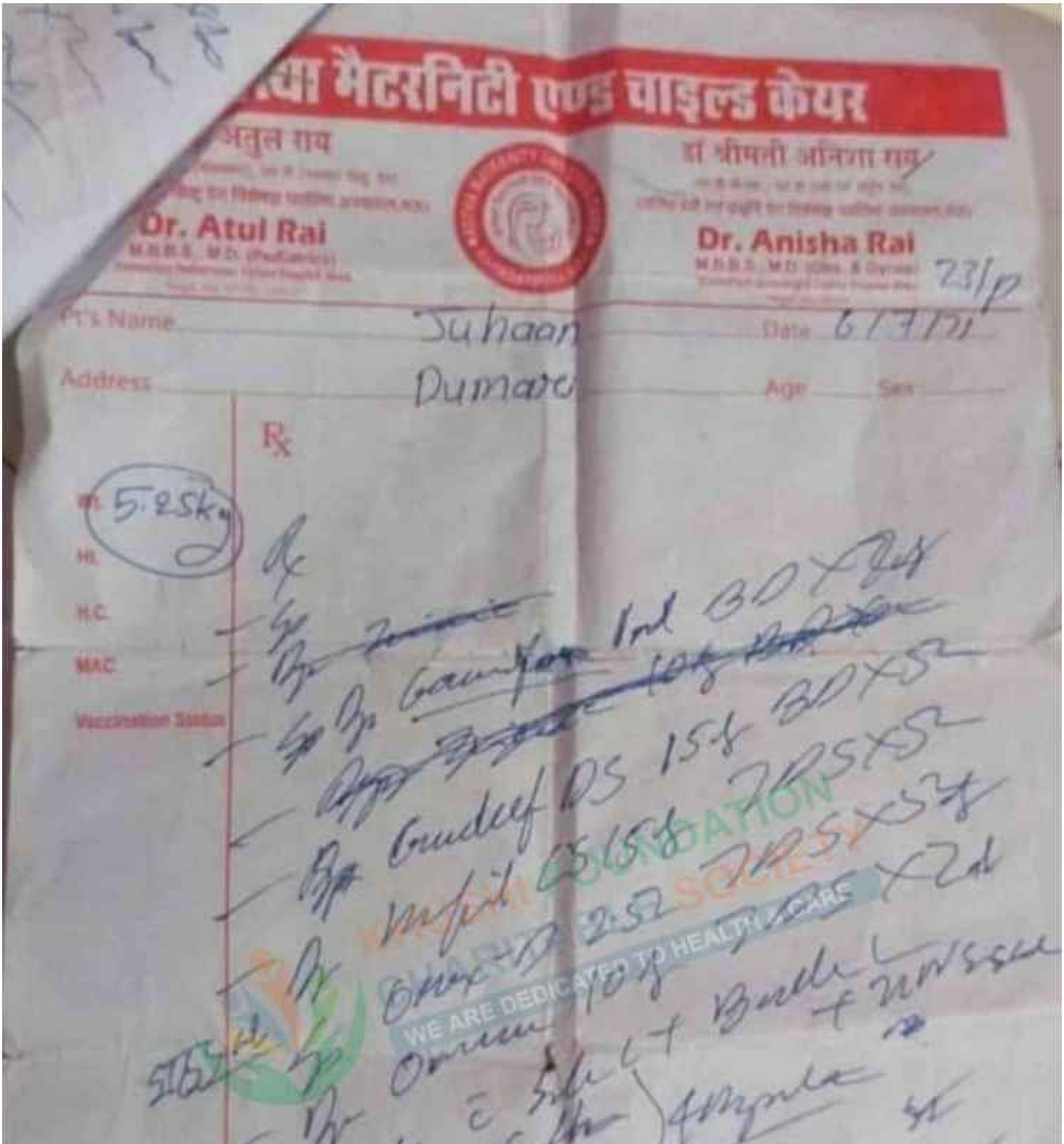
1 [illegible]

+ [illegible]

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

(3) ... 7639329008, 8545890662 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
ओ.पी.डी. रजि॰ नं॰
पता/Address

रोग/Diagnosis: Mixed Cerebral palsy

तारीख/Date: 29

उपचार/Treatment

6-Kg

17° / Male

global dev delay
Irritability
H/o perinatal insult - NICU stay ; Neonatal
S_2 - Normal ; NNJ
NO H/o Spasm
O/E Dystonia of B/E UL
Spasticity in all four limbs
Hearing - N

Plan
- EEG (Sleep deprived)
- MRI Brain

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

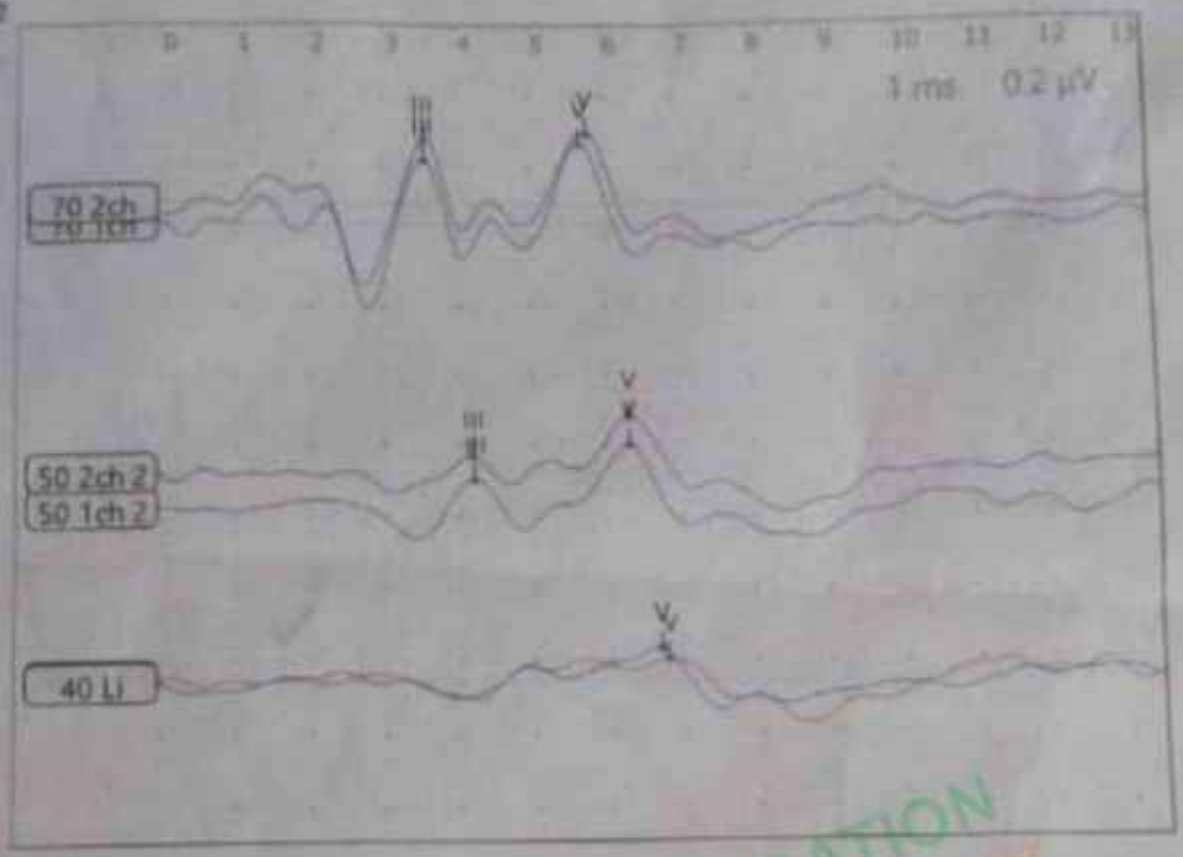
Review/Tendon
- RPC

- 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

(9171)

DEPARTMENT OF OTORHINOLARYNGOLOGY & HEAD-NECK SURGERY

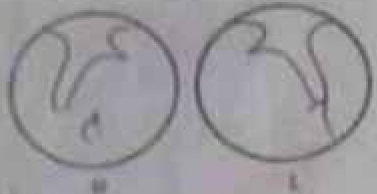
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

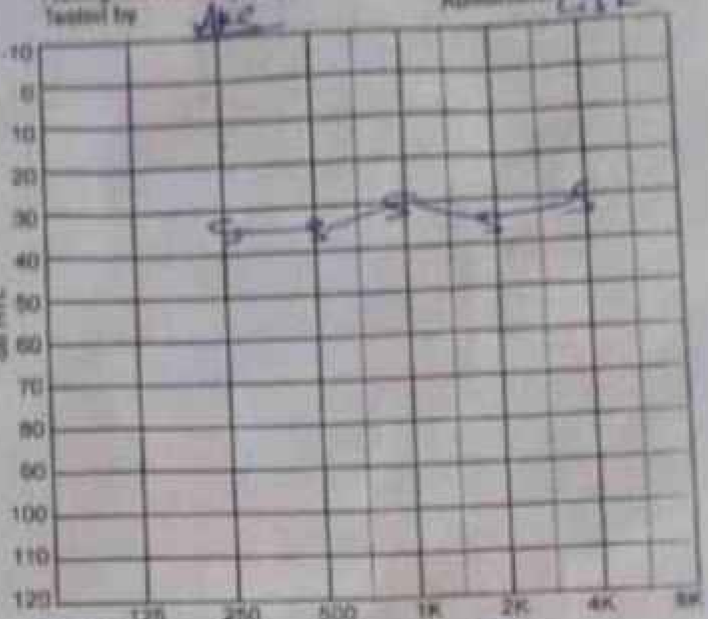
Requisition form for audiometric evaluation

Audiogram No. 428
Tested by ARC

Date 12/4/22
Audiometer C/ST

Name: Md Jauhar
Age/Sex: 1/M
UHID:
Observe: 105907544





Water:
Hoover:
A/C:
Diagnosis:
Requested by:
Date:

Poor Reliability / Remarks: Startle (+ve)
(?) B/L Normal hearing sensitivity.

INVESTIGATION REQUIRED

Pure Tone Audiometry	☐
Speech Audiometry	☐
Free Field Audiometry	☐
Special Tests	
Difference Limen (DL)	☐
SISI	☐
Tone Decay	☐
ABLB	☐
Tinnitus Matching/Masking	☐
BERA	
Hearing Aid Trial	☐
Real Ear 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

Immitance	RT	LT
Type		
Compliance		
Pressure		
Reflex IPSI		
Reflex CONTRA		

Reliability / Remarks:

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

OPR-6

इकाई/Unit
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/O.P.D. Regn. No.
पता/Address

34

निदान/Diagnosis (L) 41.68

दिनांक/Date	उपचार/Treatment
ABR - 857/22 20/4/22	? delayed cry at birth delayed milestones O/E Adv FFA - (4/14) → Pediatric Neurology O/n PRC
FFA 4/22 12/4/22	

CLEAN AND GREEN AIIMS / एक का सही सकल, स्वच्छता से आता कल
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

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

बालरोग 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 : [illegible] आयु / Age [illegible] लिंग / Sex: पुरुष Male / महि Female

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

यू.एच.आई.डी. सं / UHID No. [illegible] ई.ई.जी. प्रपत्र भरने की तारीख / Date of filling the EEG form : 22/6/22

Clinical diagnosis : (Mandatory): Mixed cerebral palsy

Epilepsy : Yes/No Duration :

Seizure semiology : Intermittent Cry - & sleep

Seizure frequency :

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

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

Reason for requesting EEG : ?? C/F IED

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

आवश्यक 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