





Consultant Radiologist

Dr. ANANTHA KRISHNAN.S

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

WE ARE DEDICATED TO HEALTH & CARE

Name Jishnu / Dr. Hetal R.

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





प्रकाश डायग्नोस्टिक सेन्टर PRAKASH DIAGNOSTIC CENTRE

NEAR NEW DISTRICT HOSPITAL, NARAI BARI, MAU 225131, Email : prakashdiagnostic@gmail.com

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

US, WHOLE ABDOMEN

LIVER

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

G. B.

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

C.B.D.

PANCREAS

C.B.D. is normal in caliber.

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.

RL KIDNEY

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

LL KIDNEY

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

URL BLADDER

Urinary bladder is normal in size, shape, & position. Wall thickness Normal.

No ascites & retro peritoneal lymphadenopathy seen.

IMPRESSION :

- PYLORIC CANAL LENGTH MEASURES 14 mm (Normal).
- PYLORIC MUSCLE THICKNESS MEASURES 2.3 mm (Normal).
- NO SONOGRAPHIC FEATURES OF ACQUIRED OR CONGENITAL HYPERTROPHIC PYLORIC STENOSIS (CHPS).

NORMAL SCAN.

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

• M.R.I. 3.TESLA • SPIRAL CT SCAN • COLOUR DOPPLER • 500 MA DIGITAL X RAY • ULTRA SON
• ECHOCARDIOGRAPHY • MEMMOGRAPH • G.P.O. • E.E.G. • E.C.G. • FULLY AUTOMATED PATHOLOGY

This is a professional diagnosis for clinician's benefit and not the final diagnosis.
This report is not meant for medico-legal purpose.



आस्था मैटर्निटी एण्ड चाइल्ड केयर

डॉ. अनीशा राय

MBBS, M.D. (Obst. & Gynae)
जन्म के बाद के चिकित्सा विशेषज्ञ (पेडियाट्रिशियन)

Dr. Anisha Rai

MBBS, M.D. (Obst. & Gynae)
जन्म के बाद के चिकित्सा विशेषज्ञ (पेडियाट्रिशियन)



डॉ. अतुल राय

MBBS, M.D. (Pediatrics)
जन्म के बाद के चिकित्सा विशेषज्ञ (पेडियाट्रिशियन)

Dr. Atul Rai

MBBS, M.D. (Pediatrics)
जन्म के बाद के चिकित्सा विशेषज्ञ (पेडियाट्रिशियन)

Pt's Name

Suhani
Dumrao

Date

5/8/21

Address

Age

Sex

HT

5.5

WT

H.C.

BAC

Vaccination Status

USG
Hidroureter

Milovite
Mullepauze
1. 514 011
+ 2. 332
+ 3. 332

Rx
Rx
Rx
Rx



Paracetamol 151 (305)

104 BP

104 BP

304 7P5 + L

151 (305) 7P5 + L

104 BP 7P5 + L

104 BP 7P5 + L

104 BP 7P5 + L

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

- (1) एक सप्ताह बाद पुनः शुल्क लेना। (2) मरीज किसी भी चिकित्सक से सलाह लेने को लिये स्वतंत्र हैं।
- (3) जन्म के बाद के चिकित्सा (पेडियाट्रिशियन) 7839329008, 8545890552 पर सम्पर्क करें। (4) डॉक्टर सम्पर्क नं. 8009354910

दिल्ली के पीछे, सहायतपुरा, मजनाथ भंजल, मज - 275101 (उ०प०)

आस्था मैटर्निटी एण्ड चाइल्ड केयर

श्री श्री मैटर्निटी एण्ड चाइल्ड केयर

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



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

Pt's Name Suhaan Date 6/7/21
 Address Dumara Age 23/p Sex Male

Rx

Wt. 5.25kg
 Ht. 70cm
 H.C. 45cm
 MAC 34cm
 Vaccination Status

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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) मरीज किसी भी व्यक्ति (विशेषकर से सहाय लेने के लिए) नहीं है।
 (3) सम्पर्क लतासे हेतु (विलजिफ) 7839329008, 8545493852 पर सम्पर्क करें। (4) बाह्य सम्पर्क नं. 8009354910
 तिलाईस ट्रस्ट्स के पीछे, साहायपुर, मज्जाय भोजन, मऊ -275101 (उ०प्र०)



अ० मी० अ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिर्गम सेवा विभाग / Out Patient Department



रोग, लक्षण
रोग, टीका
रोग, निदान

आर.डी. नं. / R.D. No.
रोग, लक्षण / Disease / Symptom
रोग, टीका / Disease / Vaccine
रोग, निदान / Disease / Diagnosis
रोग, निदान / Disease / Diagnosis

OPR-6

P.D. Regn. No.

रोग, निदान / Disease / Diagnosis

रोग, निदान / Disease / Diagnosis

Mixed Cerebral palsy

रोग, निदान / Disease / Diagnosis

39

G-Kg

145 / mm

Global dev delay

Irritability

H/o perinatal insult - NICU stay; Neonatal

Sz - NOXEL; NNT

NO H/o Spasm

O/E dyspraxia of R/L UL

Spontaneity all four limbs

Hearing - N

Trans

EEG (Sleep + awake)

MRI Brain

Advice

Lepp Baclofen 1mg/1mg 1.5ml — 1.5ml

रोग, निदान / Disease / Diagnosis
- RPO



CLEAN AND GREEN AIDS / रोग के प्रति संजान, संजान से बचाव रोग

अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.D.O., AIIMS, 26588363, 26585444, www.aiims.org Helpline - 1080 (24 hrs service)

Physical Therapy - PMR



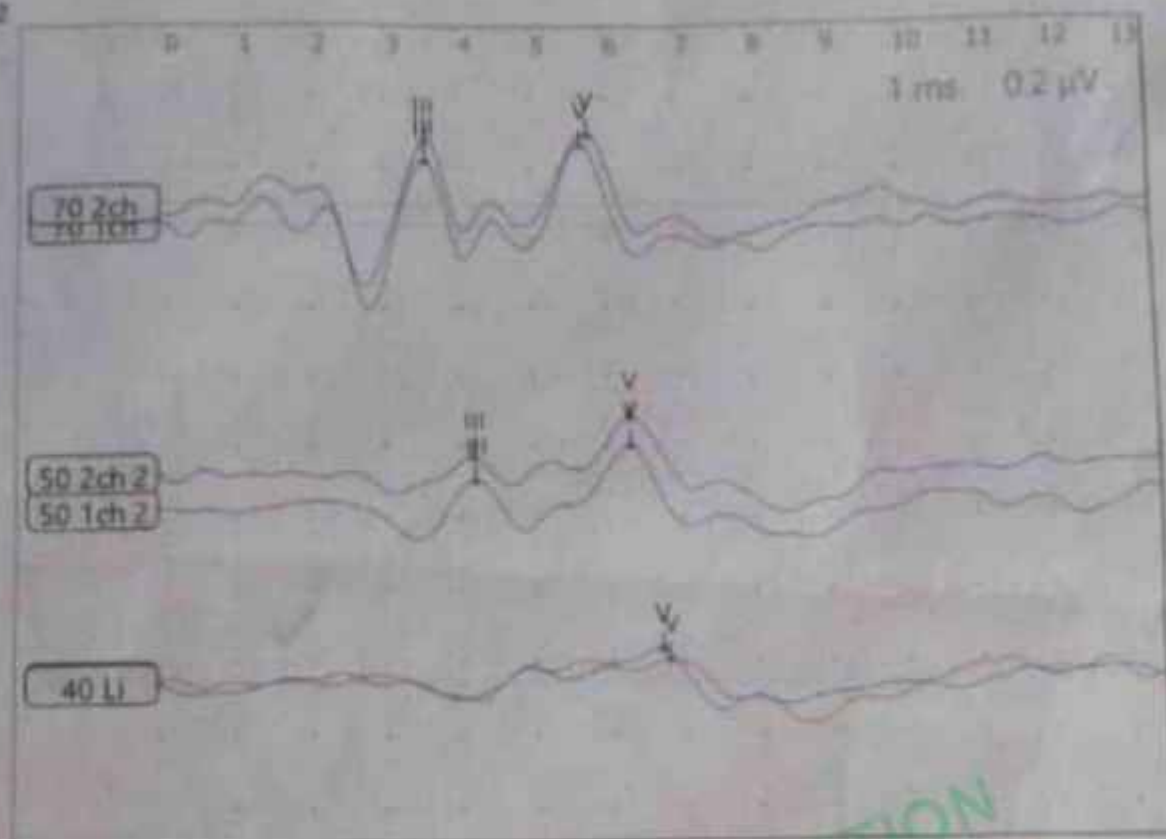
DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, ANSARI NAGAR, NEW DELHI
AUDITORY BRAIN RESPONSES

Patient: SAURABH, 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	III	V	I-III	V-Va
(ms)	(ms)	(ms)	(ms)	(ms)	(μV)
40 RI			6.80		

Latencies & amplitudes (left ear)

N	I	III	V	I-III	V-Va
(ms)	(ms)	(ms)	(ms)	(ms)	(μV)
40 LI			6.89		

Latencies & amplitudes (both ears)

N	I	III	V	I-III	V-Va
(ms)	(ms)	(ms)	(ms)	(ms)	(μV)
70 1ch			3.55		5.59
70 2ch			3.55		5.77
50 1ch 2			4.21		6.30
50 2ch 2			4.18		6.30

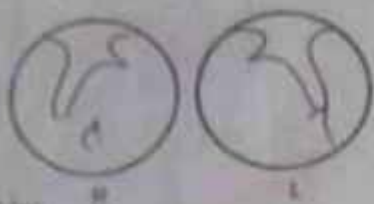
B/L I + peak observed till
20 dB HL.

Dr. [Signature]
20/4/22



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

Name: Mr. Jauhan
 Age: 1/4
 Sex: M
 Telephone: 105907540



Water
 Cover
 AHC
 Diagrams
 Reported by
 Date

Audiogram No. 428
 Tested by ABC

Date 12/4/22
 Audiometer CSE



Reliability / Remarks: Normal hearing
21/4/22
Rehabilitation

TESTS REQUIRED

- ☐ Pure Tone Audiometry
- ☐ Speech Audiometry
- ☐ Free Field Audiometry
- ☒ Special Tests
 - ☐ Differential Limen (DL)
 - ☐ SRT
 - ☐ Word (copy)
 - ☐ ASL
- ☐ Tinnitus Matching
- ☐ Masking
- ☐ Eustachian Tube
- ☐ Hearing Aid Trial
- ☐ Head Free Measurement
- ☐ Others

AUDIOMETRY KEY

- A.C. ☐ R ☐ L
- Unmasked ☐ O ☐ X
- No response ☐ O ☐ X
- A.C. ☐ R ☐ L
- Masked ☐ ☐
- No response ☐ ☐
- B.C. (Mastoid) ☐ ☐
- Unmasked ☐ ☐
- No response ☐ ☐
- B.C. (Mastoid) ☐ ☐
- Masked ☐ ☐
- No response ☐ ☐

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

Audiogram No.
 Tested by

Date
 Audiometer



Reliability / Remarks:

Impedance		RT	LT
Type			
Compliance			
Resistance			
Reflex	IPGH		
	CONTRA		



अ० मा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



पता/Unit

रोग/Dept

34

NEW PATIENT
Date Reg: 27/04/2012
Date of Birth: 27/04/2012
Age: 10.00
Sex: M
Height: 1.50
Weight: 30.00
Blood Group: B+
Religion: Hindu
Address: 11/10/12
Phone: 11/10/12
Mobile: 11/10/12
Email: 11/10/12
Barcode: 11/10/12
Barcode: 11/10/12



OPR-6

In/O.P.D. Regn. No.

Address

रोग/Diagnosis

① 41.68

दिनांक/Date

उपचार/Treatment

Delayed by at time
delayed infection

ABA-85/12
20/4/12

for O/C



FFA
4/12
12/4/12

Adm

FFA - 41/11

→ Pediatric Neurology

PRC



FOUNDATION
SOCIETY
WE ARE DEDICATED TO HEALTH & CARE



CLEAN AND GREEN AIIMS / एक साफ़ स्वस्थ, स्वच्छ है सब का सब
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O. AIIMS, 26588365, 26583444, www.orbo.org Helpline - 1060 (24 hrs service)

मोरा
अस्पताल
My Hospital
www.aiimsdelhi.org

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 नं. 12, बाल ओपीडी ब्लॉक 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: ASH Jaiswal आयु / Age: 10mo लिंग / Sex: पुरुष Male / स्त्री Female

ओपीडी / O.P.D. / सी.आर.नं. / CR No. _____

पूरण आई.जी. नं. / UHID No. 105987542 ई.ई.जी. भरने की तारीख / Date of filling the EEG form: 22/04/22

Clinical diagnosis: (Mandatory): Mixed cerebral palsy

Epilepsy: Yes/No

Duration:

Seizure semiology:

Tremor only in sleep

Seizure frequency:

Date of last Seizure:

Current medications/dose:

NO MED

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

Reason for requesting EEG: for IED

Special preparation: Sleep deprivation/Others

Relevant investigations:

ई.ई.जी. प्रकार / EEG type

☒ Routine EEG

☐ Short term Video EEG

☐ Long term Video EEG

☐ Overnight long term Video EEG

☐ Ambulatory

Patient state required:

☐ Induced Sleep

☐ Natural Sleep

☒ Awake

☐ Both Sleep and Awake

अनुरोध अनुसार विशेष प्रक्रियाएँ 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 रेजिडेंट के हस्ताक्षर / Senior resident signature: Rishi

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

नाम / Name: _____
परामर्शदाता के हस्ताक्षर / Consultant Signature