

To
MISSION HOPP

Kindly arrange for the following test for the
pt, Rashmi, UZK, 94-1F/ ~~25014~~ 27818.

- ① MRI Brain with contrast
- ② serum Anti neuronal and anti surface antibody

Dr. Aghya. Patil

Recd
9/11/16.

DR. AGHYA PATIL
MD, MBBS, DNB
SRM'S MEDICAL COLLEGE
SRM'S MEDICAL CAMPUS
KATTOMBATHUR
SRM'S MEDICAL COLLEGE
SRM'S MEDICAL CAMPUS
KATTOMBATHUR

- ECG
- risk factor

Ophthalm

To
DOD
Dept of ophthalm
LHM

Kindly examine
OS 4.1F / U2C5 /
& give your

In favour of ~~high~~ Posture,
All i altered sensation
opinion.

Thanking you,
Dr. Arghya
PH222

8/11/16

Calculated
on
8/11/16

Kindly dilate both eyes i tropac P. 1 drop
each eye every 10 min for 6-8 hrs

9/11/16 - ophthal notes

(65) pupil dilated
disc margin defined
disc colour (R) (L)
CDR - 0.5+ 4x2x2

PR (+)

copy - No e/o
papilloedema
Aditya



दैनिक शीट/DAILY SHEET

नाम/Patient's Name आयु/Age लिंग/Sex आरोग्य/Health In-Pat Reg. No. एकक/Unit पता/Address डॉ० का नाम/Doctor's Name	9/11/16 Rakuni syft Bcell MC (HE) + seizure + ataxia + evaluation C ? PFC syndrome cycle 7 D28
व्यवसाय/ Occupation आरंभ/Initials	Date and Time of Adm. आरंभ/Initials

तारीख Date	दिनचर्या Daily	इलाज का आदेश Treatment Orders
	<p><u>Issues</u> - altered consciousness + ataxia + h</p> <p>no fever no fresh episode of seizure.</p> <p><u>OE</u> GC side PR - 11:30M RR - 20/1M PP palpable good volume</p> <p>ENTC - E2 1/2 Ms tone @ 14 Power > 315 in all 4 limbs DTR ext plantar - all normal response</p> <p>UAS chew W PIA</p>	<p>BP - 94/60mmHg</p>

sample No.: 2
 Patient ID:
 Name:
 Comments:

1079 Ward: Rack:

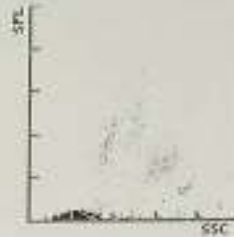
16676/16
 Tube: 0 11/07/2016 10:57:41
 Dr.:
 Birth: Sex:
 Inst. ID: LHMC-Path

Positive
 Diff Morph.
 Count

WBC	0.75	[10 ³ /uL]	
RBC	2.59	[10 ⁶ /uL]	
HGB	8.7	[g/dL]	
HCT	25.8	[%]	
MCV	99.6	[fL]	
MCH	33.8	[pg]	
MCHC	33.7	[g/dL]	
PLT &	132	[10 ³ /uL]	
RDW-SD	56.7	[fL]	
RDW-CV	17.0	[%]	
PDW	16.4	[fL]	
MPV	10.1	[fL]	
P-LCR	27.2	[%]	
PCT	0.16	[%]	
NEUT	0.46	[10 ³ /uL]	61.3
LYMPH	0.13	[10 ³ /uL]	17.3
MONO	0.09	[10 ³ /uL]	12.0
EO	0.05	[10 ³ /uL]	6.7
BASO	0.02	[10 ³ /uL]	2.7
RET	0.67	[%]	0.0174
IRF	8.0	[%]	
LFR	92.0	[%]	
MFR	5.6	[%]	
HFR	2.4	[%]	

filling
 2 PLS
 +
 2 BMA
 +
 1 sm.

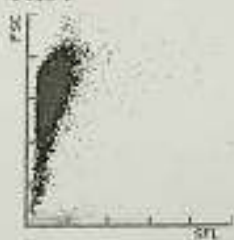
DIFF



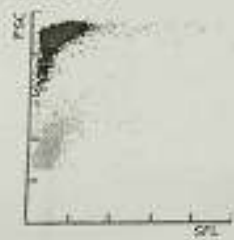
WBC/BASO



RET



PLT-O



RBC



PLT



M: Eval
 1.8:1
 BMA: no particles
 2 sm.

PLS Smear show leucopenia
 Rbc show moderate anisopoikilocytosis, predominantly
 macrocytes, macrocytocyte few normocyte normochrome
 cells as well occ. nucleocytes, elliptocytes and teardrop cells
 occ. Hypersegmented neutrophils seen. Platelet are
 adequate.

WBC IP Message(s)
 Neutropenia
 Lymphopenia
 Leukocytopenia

RBC/RET IP Message(s)
 Anemia
 Fragments?

PLT IP Message(s)
 PLT Abn Scattergram

Left Shift?

BMA! Occasional small particles which are cellular
 shows few degenerated cells and bare nuclei.
 Erythroid series shows predominantly megaloblastic
 reaction. Myeloid series shows evidence of dysplasia in few cells
 occasional megakaryocytes seen. No well preserved
 blast seen in smear examined.

Inf nRBC35 ProMy1 My13 MM10 Stab8 N13 L17
 Bone Marrow in remission


Sube
 Dr. Faruk Singh
 Assoc. PM

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
 बंगला साहिब मार्ग, नई दिल्ली-110001, Bangla Sahib Marg, New Delhi-110001

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नैदानिक रसायनिक
CLINICAL BIOCHEMISTRY LAB

नाम/Name	Rashmi	आयु/Age	लिंग/Sex
C.R.No	27818	Consultant	Dr. V. Singh
Ward/OPD	U2C5	Unit/Bed No.	
Date/Time	7/11/16		
Diagnosis/History	SE/KFT/UT/S.CAC?		

Signature of the Doctor


Time of Receipt

Today's Lab. Ref. No

INCOMPLETE FORM IS NOT ACCEPTABLE

साथ-साथ ही जाने वाले रोगों का निदान एवं तिथि
 Diagnosis of an accompanying disease and date
 पेचीदगी की तिथि एवं निदान
 Diagnosis of complication and date

International Code

मृत्यु का कारण
CAUSE OF DEATH

1. Disease or condition directly leading to death.....
 (न कि मृत्यु का तात्कालिक प्रारूप जैसे हृदयगति रुकना आदि)
 (Does not mean mode of dying e.g. Heart failure).....

2. Antecedent Causes
 (स्थिर बनी हुई अच्छी अवस्था में कोई विकार अवस्था
 जो उपर्युक्त कारण को बढ़ा रही है)
 (Morbid condition if any, giving rise to the
 above cause, stating the underlying condition).....

मैं यह जानता हूँ कि मेरे बच्चे की हालत नाजुक है।
 1. I know that the condition of my child is serious
 मैं अपनी इच्छा से जांच, आपरेशन और इलाज के लिए सहमत हूँ।
 2. I am willing for all investigation, operation & treatment.
 मैं प्रार्थना करता हूँ कि मेरे बच्चे के साथ कोई पुरुष शाम सात बजे के बाद नहीं ठहरेगा।
 3. I request no male person will stay with my child after 7 P.M.

कनिष्ठ रेजिडेंट के हस्ताक्षर
 Sig. of Jr. Resident.....
 वरिष्ठ रेजिडेंट के हस्ताक्षर
 Sig. of Senior Resident.....

पिता/संरक्षक के हस्ताक्षर
 Signature of Father/Guardian.....

एकक के विभागाध्यक्ष के हस्ताक्षर
 Sig. of Head of the Unit.....

जांच
INVESTIGATIONS

नैदानिक रक्ता विश्लेषण
CLINICAL BLOOD ANALYSIS

तिथि Date	एच.बी. HB	टी.एल.सी. TLC	डी.एल.सी. DLC	पी/एस P/S	अन्य Any other
31/10/16	10.4	1450	750	2.31	
1/11/16	9.9	1380	—	1.60L	94.2
3/11/16	9.5	1450	870	1.15L	95.3
6/11/16	8.8	800	—	1.55L	90.4 WITH 6M/1M
7/11/16	8.7	750	460	1.32L	99.6
8/11	9.2	720	490	1.67L	

मूत्र विश्लेषण
URINE ANALYSIS

तिथि
Date:

जीवाणुवीय जांच
BACTERIOLOGICAL INVESTIGATIONS

तिथि
Date:



J-16, Hauz Khas Enclave, Main Aurobindo Marg, New Delhi - 110016

Phone No. : 011-49515253 - (30 Lines), Email : drgulatiimaging@gmail.com

Website : www.drgulatiimaging.in

PATIENT'S NAME: RASHMI	AGE/SEX: 9/F
REF. BY: KALAWATI HOSPITAL	REG. ID: RSI2989
CONTRAST USED : NO	EXAM. DATE:31-OCT-2016

MR imaging of the Brain was performed in sagittal, coronal and axial plane using synergy head coil on 3 Tesla MRI. SE, TSE, and FLAIR sequences were used to obtain T1 and T2 weighted images.

FINDINGS:

Diffuse increase in T2W / FLAIR hyperintensity is seen in left hippocampus and amygdala with mild diffusion restriction on DWI. Mild effacement of temporal horn of left lateral ventricle is seen.

Patchy T2W /FLAIR gyral hyperintensities are seen in left fronto-parieto-occipital lobe without any diffusion restriction. White matter hyperintensity is seen in right cerebellar hemisphere.

Rest of the brain parenchyma appears normal in the supratentorial compartment. There is no mass effect, no midline shift. No obvious vascular lesion. **There is no fresh infarct on DW images.**

Brain stem appear normal. Bilateral CP angles are normal. No CP angle mass seen. Bilateral 7th8th nerve complex appear normal.

The sella turcica is normal in size. No sellar mass. Suprasellar & parasellar regions appear normal.

The third and fourth ventricles appear normal.

Cortical sulci and bilateral sylvian fissures are normal.

CSF shows normal signal. There is no compression at the CV junction.

Major vascular flow voids are normal.

Note is made of pansinusitis.

IMPRESSION: MRI findings reveal diffusely hyperintense left hippocampus and amygdala with patchy left fronto-parieto-occipital gyral hyperintensities. These findings are non-specific in nature, and could represent postictal changes, however, in present clinical setting possibilities like PRES and leukemic deposits cannot be completely ruled out.

On comparison with previous scan, there is increase in number of lesions. *Please correlate clinically.*

DR. PARVEEN GULATI, M.D
DMC. 3339


DR. ARIF MIRZA
DMRD, DNB, FRCR
Sr. Consultant (DMC- 42391)



J-16, Hauz Khas Enclave, Main Aurobindo Marg, New Delhi - 110016
Phone No. : 011-49515253 - (30 Lines), Email : drgulatimaging@gmail.com
Website : www.drgulatimaging.in

PATIENT'S NAME: RASHMI	AGE/SEX: 9/F
REF. BY: KALAWATI HOSPITAL	REG. ID: RSI0305
CONTRAST USED : YES	EXAM. DATE:09-NOV-2016

MR imaging of the Brain was performed in sagittal, coronal and axial plane using synergy head coil on 3 Tesla MRI. SE, TSE, and FLAIR sequences were used to obtain T1 and T2 weighted images. Post contrast scans were obtained after giving I/V Gd-DTPA. (2 ml of gadolinium was administered I.V.). No immediate contrast adverse reaction was noted.

FINDINGS

Multiple patchy predominantly cortical hyperintensities are seen in bilateral cerebral hemispheres predominantly involving left temporal and parietal lobes on FLAIR images. Minimal diffusion restriction is seen in left parietal lobe lesion. Small focal lesion is also seen in left thalamus.

There is also involvement of bilateral hippocampi (right > left) which is evident as diffuse hyperintensity on FLAIR images.

Post contrast study reveal mild meningeal enhancement in left temporal and parietal lobes.

Rest of the brain parenchyma appears normal in the supratentorial compartment.

Brain stem and bilateral cerebellar hemispheres appear normal. Bilateral CP angles are normal. No CP angle mass seen. Bilateral 7th & 8th nerve complex appear normal.

The sella turcica is normal in size. No sellar mass. Suprasellar & parasellar regions appear normal.

The lateral, third and fourth ventricles appear normal.

CSF shows normal signal. There is no compression at the CV junction.

Major vascular flow voids are normal.

IMPRESSION: CEMRI findings reveal multiple patchy predominantly cortical hyperintensities in bilateral cerebral hemispheres predominantly involving bilateral temporal and left parietal lobes with mild meningeal enhancement in left temporal and parietal lobes. Possibility of encephalitis needs consideration.

On comparison with previous scan, there is significant increase in size and extension of lesions.

DR. PARVEEN GULATI, M.D
DMC: 3339


DR. ARIF MIRZA
DMRD, DNB, FRCR
Sr. Consultant (DMC: 42391)

3.0 Tesla MRI, Multi Slice CT, Barium/IVP/MCU/Spl. Proc., Mamography, Ultrasound/Doppler,
Stress Echo/ECG, Bone Densitometry, X-Ray/OPG, Dentascan, Lab Investigation

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 दैनिक शीट
 DAILY SHEET

दिनांक Date	दैनिक टिप्पणी Daily Notes	इलाज के आदेश Treatment Orders
<p>31/10/16</p> <p>USH A62 mild anicter</p> <p>OLB,</p> <p>GL ferr</p> <p>RE 110/100, PPP vol gas CRACK</p> <p>RR - 20/μ</p> <p>CVS - S, no count B/C MBCE</p> <p>PA set - NT S/MP</p> <p>CMS @ VPO gent intralid ⊕</p> <p>MRP Brain cont constant</p>	<p>Rash mt, 97% IF</p> <p>Δ B cell ML (HAI), maintenance</p> <p>Cycle 7, D₂₀ ⊕ AGE ⊕ No dehydr</p> <p>⊕ ataxia</p> <p>Des :- ⊕</p> <p>0. A por. (slight improvement)</p> <p>• LM - 3-4 eps/day</p> <p>hemistabid - 1/10/μ mucor/blo</p> <p>• No fever.</p> <p>• Vomiting 1 episode -</p> <p><u>Adm</u></p> <p>① IVF N_{1/2} in 5% Na 230 ml + B KCl 2-3ml QD daily</p> <p>② Bt count 4mg iv TDS</p> <p>③ Inj Pantop 20mg iv OD</p> <p>④ Inj Ciprox 180 mg iv BD</p> <p>OW (f dehydr)</p>	

- ECG
- vitals

Ophthalm

To
DOD
Dept of ophthalm
LHM

Kindly examine
OS 4.1F / U2C5 /
& give your

In favour of ~~with~~ Posture,
All is altered sensation
opinion.

Thanking you,
Dr. Arghya
PH222

8/11/16

Calculated
on
8/11/16

Kindly dilate both eyes with tropicamide drop
each eye every 10 min for 6-8 times

9/11/16 → ophthal notes

(65) pupil dilated
disc margin defined
disc colour (R) (L)
CDR - 0.5+ 4x2x2

PR (+)

cup - No e/o
papilloedema
Aditya

RECEIPT

2015 Collection

SRV PATHOLOGY CENTRE

6/1, Kalinga Road, West Patel Nagar, New Delhi - 110 008

M. : 9582306210, 8375860083

Test Performed & Reported By **METROPOLIS**, The Pathology Specialist

Dr. P. MANDAL

N^o 470 Lab No. _____ Dated 9/11/16

Received with thanks from Baby Rashmi C/o Mission HOPP

Sum of Rs. NINE THOUSAND THREE HUNDRED RUPEES ONLY

By Cash / DD / Cheque Cash

Gross Cost Rs. _____ Amt. Receive Rs. 9,300/-

Test Details S. Neuronal Antigen Profile

Balance Amount Received _____ Date 9/11/16

Rs. 9,300/-

9/11/16

For Test Performed & Reported By



[Signature]
Signature

DR GULATI IMAGING INSTITUTE

S M IMAGING INST PVT LTD

J-16 Hauz Khas Endave
Main Aurobindo Marg
New Delhi -16
49515253

BILL CUM RECEIPT

PATIENT'S NAME: RASHMI C/O MISSION HOPP	TEST DATE: 09-NOV-2016
AGE/SEX: 9 / FEMALE	BILL NO.: 4061
REF. BY: DR. KALAWATI HOSPITAL	BILL/INV 10-NOV-2016

S.No.	Examination Description	Test code	Rate (Rs.)
1	3 TESLA MRI CONTRAST		3,000
Total Amount			3000
Service Tax			0
Net Amount			3000
Paid Amount			3000

Rupees Three Thousand Only.

Note: Please issue cheque in favour of SM Imaging Inst Pvt Ltd

h.g.
10/11/16



DR GULATI IMAGING INSTITUTE

SM imaging institute
Authorized Signatory
(U/o S.M.I.P.L.)

REGD. OFFICE: 120DL2009PTC195301