

From ,

Neeraj Nigam, H.J.S.
District judge,
Faizabad.

To,

Sri Ajay kumar srivastava-I
Registrar general
Hon'ble high Court of Judicature at
Allahabad.

No./Faizabad/Dated: November, 2019

Subject: Regarding pre mature transfer Application of Satya prakash, Addl. Principal Judge
(Family court), Faizabad.

sir,

Kindly refer the Hon'ble Court's letter no 23/Admin.(Service)/2019 dated 23.09.2019 on subject mentioned above, according to which the Judicial officer Sri satya prakash, Addl.principal judge, faizabad submitting his pre mature transfer application.

The officer has stated that his father, who is residing with him at Faizabad is presently suffering from 'Fibrotic collapse of left Upper lobe'. The officer has annexed the medical prescription and reports in support of his request. The above mentioned problems of officer appears to be genuine and requires a favourable consideration.

It is therefore, requested that the matter be placed before the Hon'ble court for kind consideration and necessary action.

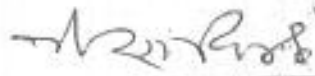
Dated: 12.11.2019

Enclosure:

Latter dated 06.11.2019 of
satya prakash, Addl.principal Judge
(Family court), Faizabad

with Refs.

Yours' Sincerely,


12.11.19
(Neeraj Nigam)
District Judge
Faizabad
District Judge,
Faizabad.

प्रेषक,

सत्य प्रकाश,
अतिरिक्त प्रधान न्यायाधीश,
फैजाबाद।

सेवा में,

श्रीमान् निबन्धक (सेवाएं),
माननीय उच्च न्यायालय,
इलाहाबाद।

द्वारा:-

श्रीमान् जनपद न्यायाधीश,
फैजाबाद।

विषय-

प्रार्थी के प्रीनेच्योर ट्रांसफर के सन्दर्भ में।

आदरणीय महोदय,

प्रार्थी के पिता श्री शिवप्रसाद प्रार्थी के साथ निवास करते हैं। चिकित्सीय रिपोर्ट के अनुसार Old Pulmonary Tuberculosis के चलते Left upper Lobe Fibrocavitary Disease से ग्रसित हो चुके हैं। जो उग्र गंभीर रूप लेकर Hemoptysis Coronary Artery Disease में परिवर्तित हो चुका है।

वर्तमान चिकित्सीय रिपोर्ट के अनुसार (Fibrotic Collapse of left upper lobe is seen) से ग्रसित हैं जिसमें फेफड़े की कोई भी नस फट जाने से मुँह से अत्यधिक रक्तस्राव होने लगता है, जिसमें आकस्मिक रूप से अत्यन्त उच्च स्तरीय चिकित्सा आवश्यक हो जाती है।

पूर्व में भी पिताजी की चिकित्सा सर गंगाराम चिकित्सालय, दिल्ली एवं बत्रा चिकित्सालय, दिल्ली में होती रही है। इलाज के कागजात संलग्न हैं।

जनपद फैजाबाद में उक्त स्तर की सुविधा उपलब्ध नहीं है। यहां के स्थानीय सरकारी संस्थान श्रीराम चिकित्सालय अयोध्या द्वारा भी अद्यतन मेडिकल रिपोर्ट में Fibrotic Collapse of left upper lobe पाए जाने के पश्चात् हालत की गंभीरता देखते हुए मामले को हायर सेंटर के लिए रेफर किया गया है। इलाज के कागजात संलग्न हैं।

अतः श्रीमान्जी से करबद्ध प्रार्थना है कि प्रार्थी का प्री.नेच्योर स्थानान्तरण आवेदन स्वीकार करते हुए उसे दिल्ली के निकट के किसी भी जनपद में नियुक्त करने की कृपा करें जिससे प्रार्थी के पिता की आकस्मिकता की दशा में पूर्ववत् उच्चस्तरीय चिकित्सा उपलब्ध करायी जाकर उनकी प्राणरक्षा की जा सके।

प्रार्थी आजीवन आभारी रहेगा।

सादर।

भवदीय-

SPK
6-11-19

(सत्य प्रकाश)

अपर प्रधान न्यायाधीश,
परिवारिक न्यायालय,
फैजाबाद।

दिनांक: ०६.११.२०१९

संलग्नक-यथोपरि चिकित्सीय प्रमाण पत्रों की स्वप्रमाणित छाया प्रतियां।



Sir Ganga Ram Hospital

DEPARTMENT OF Chest Medicine (Unit 2) DISCHARGE ON REQUEST SUMMARY

Dr. Arup Basu
Dr. Amit Dhamija



Cert.No. H-2008-0017



Cert.No. M-0000

Patient Name	Mr Shiv Prasad	Registration No.	1361770
Age	75 Yrs	Episode No.	IP00458154
Sex	Male	Date of Admission	26-Sep-13
Discharge Type	DISCHARGE ON REQUEST	Date Of Discharge	29-Sep-13
Ward	SSRB 3A	Bed	2301 CAT-1C
Admitting Consultant	Dr. Arup Kumar Basu		

DIAGNOSIS

OLD PULMONARY TUBERCULOSIS
LEFT UPPER LOBE FIBROCAVITORY DISEASE
HEMOPTYSIS
CORONARY ARTERY DISEASE

CLINICAL HISTORY

Chief Complaints:

Hemoptysis - 7 day(s)

History:

75 year old male, old pulmonary koch's (received ATT on clinicoradiological grounds, CAD, Post PTCA) presented with history of hemoptysis for the last 7 days. Patient has been having hemoptysis off & on for the last 8-9 months. It was controlled by oral medication during such episodes. Now he is presented with moderate hemoptysis for last 5 days which has increased in frequency and amount over last 2 days despite oral coagulants. He brings out roughly 150 ml of blood over 24 hours. No history of fever, weight loss, chest pain. No history of alter bowel and bladder habits. No history of any other bleeding manifestation. Now he is admitted in SGRH for further evaluation and management.

PHYSICAL EXAMINATION

Pulse: 80/min. BP: 120/80 mmHg Temperature: 37 degree C

No pallor, icterus, cyanosis, clubbing, pedal edema or lymphadenopathy.

RS: Bronchial breath sound heard, left infraclavicular, axillary and interscapular area. Decreased breath sound on left side in rest of the areas.

CVS: S1, S2 heard.

P/A: Soft, nontender, nondistended. No organomegaly.

CNS: Conscious, oriented. No FND.

Saturation-98% on room air

CLINICAL SUMMARY

Patient was admitted with above-mentioned complaints and investigated. Patient was hemodynamically stable. He was started on IV antibiotics (Cefoperzone + Sulbactam and clindamycin), IV hemostatics (Tranexamic acid), cough suppressant, PPI, vitamin K and other supportive and symptomatic management. He was also continued on his cardiac medicine (except for Clopitab). His initial investigation showed Hb 9.4, Plts 1.31 lakhs, normal TLC, PT/INR, LFT and RFT. CECT thorax was done which was suggestive of reduced left hemithoracic volume with fibro-calcific opacities and traction bronchiectasis, left upper lobe and bronchiectasis with nodular opacities right upper lobe. Sputum investigations did not show any organism and AFB smear was negative. Bronchoscopy was done which showed left lower lobe and upper lobe openings' anatomic distortion, few clots were seen but there was no active hemoptysis seen. Lavage was sent for Microbiological and Cytopathological investigations, reports being awaited. Hemoptysis has now decreased to mild and the

Page 1 of 2

*Self Attended
Sbars*

patient hemodynamically stable. However, he is still on IV antibiotics, IV antifibrinolytics. Patient and the family were counselled in details regarding the need for hospitalization for observation, and IV antibiotics. They have also been informed regarding the need for bronchial artery embolisation/lobectomy in case of increase in hemoptysis. But the patient wishes to go home and follow up on OPD basis. He is now being discharged on request on IV antibiotics pending BAL reports. Till then he is being advised to carry out the following treatment.

DISCHARGE ADVICE

Inj. Magnex 2 gm IV twice daily in 100 ml NS over 30 mins. X 3 days then Tab. Ceftas CV 200 mg twice daily
Inj. Dalacin-C 600 mg IV thrice daily in 100 ml NS over 30 mins. X 3 days and then stop.
Inj. Texid 1 amp. in 100 ml NS over 30 mins. thrice daily x 3 days then Tab. Texid 500 mg thrice daily
Tab. Pan 40 mg twice daily before meals
Cap. Darolac twice daily
Tab. Atorva 10 mg once a day
Tab. Cardace 2.5 mg once a day
Syp. Linctus Codeine 2tsf thrice daily


FOLLOW UP

To review with Dr. Arup Basu in Room No. G-2 between 2-4, Monday-Saturday with fresh CBC, CXR PA view and pending BAL and sputum reports after 3 days.

- Reports of investigations done during hospital stay are provided on separate sheet
- Contact no. of Emergency: 42251098, 42251099 Contact no. of SGRH Telephone Exchange: 42254000, 25750000


Resident Doctor


Consultant

 DR. ARUP KUMAR BASU
Respiratory Medicine

**BATRA HOSPITAL & MEDICAL RESEARCH CENTRE
OF CH. AISHI RAM BATRA PUBLIC CHARITABLE TRUST
DISCHARGE SUMMARY**

NAME: Mr. Shiv Prasad	AGE: 73	SEX: M	ADMISSION NO.: 3201516/2012
DATE OF ADMISSION: 06.02.2012		DATE OF DISCHARGE: 08.02.12	
CONSULTANT'S NAME: Dr. Rajiv Agarwal			
ADDRESS: V.P.O. Allawaripur, Ghazipur, India			
FINAL DIAGNOSIS: Hypertension, coronary artery disease- Single vessel disease, P. PTCA + S → RCA			
Procedure: Coronary angiography, PTCA+ stent to right coronary artery.			

HISTORY AND PRESENTING COMPLAINTS:

73 years old male known case of Hypertension (recently diagnosed) non diabetic non smoker presented with complaints of central chest pain associated with radiating to left hand and back, sweating, history of Angina on exertion class II-III for 2 months. Admitted for further management.

CLINICAL EXAMINATION:

No pallor, icterus, pedal edema, JVP not raised
HR- 48 min, BP- 150/80 mmHg, chest- B/L AE+, CVS- S1 S2+, CNS-NAD, P/A- soft BS+

INVESTIGATIONS: enclosed

ECG: Sinus bradycardia, T inversion in III

ECHO- RA/RV mildly dilated, mild PAH, normal LV systolic function Grade I DRA.

OPERATIONS / PROCEDURES PERFORMED:

COURSE DURING HOSPITAL STAY:

Patient was admitted and evaluated. He underwent Coronary angiography which revealed mild right coronary artery 90% stenosis. He subsequently underwent PTCA+ stent to right coronary artery. (Xience V 3.5 x 15 mm) post procedure hospital stay was uneventful and now he is being discharged on following medications.

TREATMENT:

- 1. Tab. Ecosprin 150 mg once daily
 - 2. Tab. Ceruin 75 mg twice daily
 - 3. Tab. Alorva 20 mg once daily
 - 4. Tab. Cardace 5 mg twice daily
 - 5. Tab. Rabemac 20 mg once daily before breakfast
- Handwritten notes: 215, 20mg, 10 days*

CONDITION AT THE TIME OF DISCHARGE: Stable

ADVISE ON DISCHARGE:

FOLLOW-UP ADVICE & OTHER DISCHARGE INSTRUCTIONS:

Review with Dr. R. Agarwal after 2 weeks

Dr. Kamakshi DR. +RAJIV AGARWAL/Dr. Rajiv Bajaj/Dr. S. Sharma/Dr. R. D. Yadava
JR CARDIOLOGY **Sr. CONSULTANT & INTERVENTIONAL CARDIOLOGIST**

Mobile no. 9811162834

*Self Attended
Pharmacy*

- In case of emergency and to obtain urgent care, contact Casualty Medical Officer at Tel No. 26053333.
- Pending laboratory reports to be collected from Room No. 17 (Old Block) between 8 am to 5 pm & from Room No. 14 (New Block) between 5 pm to 7pm except Sundays & Holidays.
- Pending X-ray/CT/MRI/Ultrasound reports to be collected from Counter No. 8 (Old Block, Ground floor) between 9 am to 5 pm except Sundays & Holidays



Shri Ram Hospital, Ayodhya, Faizabad



श्रीराम चिकित्सालय, अयोध्या, फैजाबाद

Out Patient Department (OPD) Ticket **121252**

Date: Department: OPD No.

Patient name: S,D, W/o Age 80 Sex: M/F/Trans

Address: 1819 यलिय

Chief complaint (s):

मे मुच है
हैमि हांटर
फैर
कैर ग्लैस

History of present illness:
Past history /family history:
Medical/Surgical history/known drug allergy:

General Physical Examination					
Ht:cm	Wt:Kg	Temp:°F	Pulse:/min	BP:mmHg	RR:/min.
Pallor- Present/Absent	Icterus- Present/Absent	Oedema- Present/Absent	Cyanosis- Present/Absent	Dehydration- Mild/Mod/Severe	

Systemic Examination (CNS / CVS / Resp):

धुंधले

Local Examination (Abdominal / Chest / Resp):

Differential diagnosis	Treatment plan: <u>Rx</u> <u>Bonipar 600</u> <u>Truvenol 100</u> <u>Adplav 675</u> <u>हैरि 2</u> <u>वैलु 1</u> <u>2 अक्षर 40</u>
Investigations:	
Final Diagnosis	

Self Attended
Spach

Name & Signature of Doctor



FAIZABAD DIAGNOSTIC CENTRE

3/1/151 Rekabganj - Niyawan Road, Rekabganj - Ayodhya. © 05278220134

Name: SHIV PRASAD

Age: 80 YRS.

Sex: M

Ref. By.: Dr. S K PATHAK
MD

Reg. No.: FDC-07196/19-20

Date: 11-08-2019

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- **Fibrotic collapse of left upper lobe is seen.**
- Rest of lungs are clear.
- Both CP angles are normal.
- Trachea is central.
- Cardiac shadow is normal.
- Mediastinum is unremarkable.
- Both domes of diaphragms are normal.
- Bony cage is normal.

IMPRESSION :

- **FIBROTIC COLLAPSE OF LEFT UPPER LOBE IS SEEN.**

Advise : Clinical Correlation.

Checked By


Administrator

*Self Attended
SpaKa*

Reported By


Radiologist

Dr. Anmol Nigam : M.D. (Radio-Diag.)

If clinical correlation is not established kindly repeat the test at no additional cost. Assuring you for more Diagnostic value in future.
Facilities: Digital X-Ray, Pathology, Hormonal Test, Cancer Marker, Allergy Test, E.C.G. (Bedside also), P.F.T. (Lung Function test, Endoscopy, Master Health Check Up, Diagnostic Profiles, Bed Side Sample Collection.

NOT FOR MEDICO-LEGAL PURPOSE