

ALIGARH MUSLIM UNIVERSITY ALIGARH-INDIA (IDENTITY CARD)

Miss. Rabab Khan

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Department of Law



Dr. Praveen Suman

MBBS, MD (PEDIATRICS), FIAP

Senior Consultant Developmental Pediatrics Institute of Child Health, Sir Ganga Ram Hospital, New Delhi

Founder & Director : Child Development Clinic

DMC No: 11778

MR No.

: 002031

Patient Name

: SIDRA KHAN

Visit Date

: 10-Sep-2019 03:44 PM

Sex & Age

: Female (1 Years) : N/A

Blood Group Contact No.

: 8865880793

• DIAGNOSIS

FUC GDD

INVESTIGATIONS

DQ - COGNITIVE- SCALED- 9, COMPOSITE- 95 LANGUAGE- SCALED- 8+6=14, COGNITIVE-83 MOTOR- 8+2=10, SCALED- 70 INFANIB- 73 TRANSIENT

NEXT FOLLOWUP

Thursday 10-Oct-2019

(TO COME FOR FOLLOW UP AS ADVICED OR REPORT ANY ABNORMAL SYMPTOMS.)

Child Development Ofinic Sir Ganga Ram Hospital

OWERED BY : MDeRx Healthcare Systems pvt. ltd.

9 Nobel Medicare : C-2B/62 A, Janakpuri, New Delhi - 110058

P Pocket-1, DDA Complex, Opp. Dilshad Garden, Metro Station, East Delhi-110095

9 B-151, Surya Nagar, Near Amrit Plaza Market, Ghaziabad - 201011

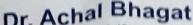
Wellness Centre, Industrial Plot No. 11, Sector 15A, Faridabad

Dr. K.L. Memorial, Child Care Clinic, E7 L, New Colony, Old Gurus

9 A-136, Phyadarshni, Vihar Near Sa Baba, Mandir Lexmi Nager, N

9 E21, Vijay Nagar. Near Kingsway Camp Metro Station GTB Na





Dr. Achal Bhagat

MBBS, MD, MRC Psych (OXFORD, U.K.)

Senior Consultant
Senior Consultant
Psychiatry and Psychotherapy
Chairperson, Saarthak
Chairperson, AADI Chairperson, AADI Reg. No. : MCI 5885, DMC 19356



23/10/19

THE TRUTH Rese

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Saarthak A1/266 Safdarjung Enclave New Delhi -110 029 Contact us: 011-48980000, 98188 65735, 95600 65735 For Appointment Call / Message Between :

9.30 a.m. to 6.30 p.m E-mail: reports.saarthak@gmail.com Indrapra

a Apollo I Sarita ar, Delhi-Mat New Dell Room No. :







DEPARTMENT OF NEUROSURGERY UNIT 2 ADMITTED CASE SUMMARY

Dr. Satnam Singh Chhabra

Dr. Anshul Gupta

Mr Mohd Theseen Raza

Patient Name

28 Yrs

Age

Male

Sex

Discharge Type

4TH HDU

Ward

Admitting Consultant

ADMITTED CASE

Dr. Anshul Gupta

Registration No. Episode No. Date of Admission

2624438 IP00994839 26-Sep-19

Date of Summary

5-Nov-19

Bed

4th HDU-2

DIAGNOSIS

OPERATED CASE OF VENTRICULOPERITONEAL SHUNT WITH SHUNT INFECTION AND HYDROCEPHALUS CYTOMEGALO VIRUS VENTRICULITIS ? TUBERCULAR MENINGITIS

CLINICAL HISTORY

History:

A 28-year-old male patient, known case of Hydrocephalus, post-op shunt, was admitted in City Hospital with complaints of fever with chills since 7 days with and ? wound infection over abdomen. He had deterioration in sensorium and shunt was exteriorized on 24/09/2019. He improved neurologically after that. On 25/09/2019, he had 2 episodes of GTCS followed by increasing drowsiness. NCCT Head was done which was suggestive of hydrocephalus. Then he was shifted to SGRH for further management.

PHYSICAL EXAMINATION

No eye opening,

no verbal response

Localizes to pain with both upper limbs Pupils: Bilateral 3 mm sluggish reacting Moves bilateral lower limb spontaneously

Pulse: 50/min BP: 140/90 mmHg

TREATMENT GIVEN

Inj. Amikacin 750 mg IV Once daily

Inj. Dexona 4 mg IV thrice daily

Tab. Levoflox 750 mg Once daily

Tab. Pan 40 mg Once daily

Tab. Levipil 500 mg twice daily

Tab. Dolo 650 mg as and when required

Tab. Combutol 1200 mg once daily

Tab. Benadon 20 mg once daily

Tab. Syndopa Plus 1/2 tab. thrice daily

Tab. Udiliv 300 mg thrice daily

Syp. Cremaffin 30 ml at bed time

Ebrent Cream on affected area thrice daily local application

CLINICAL SUMMARY

Patient was admitted in ICU with above mentioned complaints. Urgent left frontal burr hole with placement of OMMAYA reservoir and EVD with removal of right VP shunt was done under GA on 26.09.2019. Post operatively patient was shifted back to ICU. Controlled CSF drainage was done and CSF was sent for examination. Medicine reference was sought in view

of fever and advice was followed. General surgery reference was sought for infected abdominal wound and advice was followed. Patient was neurologically improving and was shifted to High dependency unit on 28.09.2019. Neurology reference was sought and advice was followed. Medicine reference was sought in view of fever and advice was followed. CSF examination revealed Cytomegalo Virus. Antiviral drug was started. Laparoscopic assisted VP shunt was done under GA on 11.10.2019. NCCT head was done on 14.10.2019 which showed hydrocephalus with malfuntioning shunt. Revision of abdomnal end of VP shunt with laprscopic assistance was done under GA on 14.10.2019. Regular physiotherapy was done. Controlled CSF drainage through EVD was done via right frontal ommaya reservoir. NCCT Head was done on 21.10.2019 which revealed asymmetric dilatation of the right lateral ventricle with periventricular CSF ooze. He underwent laproscopic assisted right VP shunt under GA on 23.10.2019. Post operatively patient was neurologically stable. Medicine reference was sought in view of deranged LFT and advice was followed. Presently, patient is spontaneously opening eyes, moving all four limbs, not obeying verbal commands and hemodynamically stable.

- · Reports of investigations done during hospital stay are provided on a separate sheet
- Pending Inpatient reports can be collected from "Discharge Cell" on 2nd Floor, A- Block (8 AM 8 PM)
- Histopathology Reports, Blocks or Extra Slides can be collected from Lab 1st Floor SSRB on all working days between 9 AM 5 PM
- Contact no. of Emergency: 42251098, 42251099 Contact no. of SGRH Telephone Exchange: 42254000, 25750000
 Home Care Service: Reach Out services like Nursing Care, Sample Collection, Physiotherapy, Dressing, Nutrition and Diet Counselling etc. are available in the comfort of your home.

Contact us at: 011 42251111/42253333, www.reachoutsgrh.com, reachout.sgrh@gmail.com

Resident Doctored of Ram Hospital

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Consultant

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