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हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली-110029
 Cardiothoracic & Neurosciences Centre, O.P.D.
 A.I.I.M.S., New Delhi-110029

दिनांक/Date 103812020

विभाग Deptt.	नाम Name	उम्र Age
NS	Pratibha	33
यू०एच०आई०डी० नं० UHID No.	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex
7701/18		F
	निदान Diagnosis	HPE - Pit. adenoma MIB-1 - 5% IHC for GH, PRL, LH - not available FSH, TSH, ACTH negative

15/3/2021

पिता का GH secretin adenoma 13/9/18
 6th GH panel तैयार 17 2018 (प्रायः TMTs)

S-GH (12-3-2021) - 4.91 ng/ml

CEMRI (11-3-2021) - 15x6x11mm lesion in B hypophyseal sella SW Res./Residual disease.

Adm
 . GK7

Pre-op (2018)
 GH - 11.4
 IGF - 706

o Res + Pymmm Singh (20)

Date for Op (Wednesday)
 (log case) Pratibha

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली - 110
 Cardiothoracic & Neurosciences Centre
 A.I.I.M.S., New Delhi-110029

LC0907210862 103812020
 LG090721178-F 103812020
 LH090721400 103812020
 LGH090721070 103812020
 PRATIBHA

दिनांक
 Date ~~08/07/2020~~ 08/07/2021

विभाग
 Deptt. MS, नाम
 Name Pratibha, उम
 Age 34

ब०रो०वि०सं०
 O.P.D. No. 103812020, पुत्र/पुत्री/पत्नी
 S/D/W, लिंग
 Sex F.

निदान
 Diagnosis Opt %. Hypermetropia

08/7/21

↓
 Post op (30/6/21)

- Ch weakness / fever / Headache
 4-5 days

Diagnosis

- Hmg. CRP
- RFT
- urine ME
- RT PCR for COVID-19

- Tab Flexon
 1-1 x 4 days

दिनांक 20/7/21
Date 20/7/21

Tas A-2
OD

1 month

Rest x 2 weeks

29/7/21 Rest (18)
Fit to join

डॉ. मनमोहन सिंह / Dr. MANMOHAN SINGH
आचार्य / Professor
तंत्रिका शल्य चिकित्सा विभाग / Deptt. of Neurosurgery
तंत्रिका विज्ञान केन्द्र / Neurosciences Centre
अ.भा.आ.सं. इंदिरा गांधी दिल्ली / A.I.I.M.S., New Delhi-110029

29.7.2021

Fit to join duty on 30th July.

(Rest from 10th Jun to 29th July)

वरिष्ठ रेजिडेंट / Senior Resident
तंत्रिका शल्य चिकित्सा / Deptt. of Neurosurgery
इंदिरा गांधी तंत्रिका केन्द्र, अ.भा.आ.सं., इंदिरा गांधी दिल्ली
A.I.I.M.S., New Delhi-110029

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तंत्रिका विज्ञान केन्द्र / Neurosciences Centre
अ.भा.आ.सं. इंदिरा गांधी दिल्ली / A.I.I.M.S., New Delhi-110029

MEDICAL RECORD

NOTE DATED: 06/30/2021 10:31
 LOCAL TITLE: NEUROSURGERY DISCHARGE NOTES
 STANDARD TITLE: NEUROLOGICAL SURGERY NOTE
 VISIT: 06/30/2021 10:31 DR OFFICE
 DEPARTMENT OF NEUROSURGERY & GAMMA KNIFE, A.I.I.M.S., NEW DELHI
 DISCHARGE SUMMARY

NOTE-Unless otherwise specified all dates mentioned in this note are in the format MM/DD/YYYY

UHID NO:103-81-2020	S.NO.:	BIOPSY NO:
GAMMA KNIFE NO.6911	N.NO.:	NSOPD NO.:
PATIENT NAME :PRATIBHA, PRATIBHA	AGE :34	SEX: FEMALE
D/O:GHANSHYAM SINGH	WARD:	BED NO:
ADDRESS :BAXUR HOUSE, HOUSE No. 24, BAXUR, HAPUR, UTTAR PRADESH, INDIA		
PHONE NO. :9891319458		
UNIT :I		
CONSULTANT :PROF.MANMOHAN SINGH		
ASSISSTANT SURGEON 1st :DR. KANWALJEET GARG		
ASSISSTANT SURGEON 2nd :DR. ABHISHEK KUMAR		
D.O.A 30/6/21	D.O.S. 30/6/21	D.O.D. 30/6/21

DIAGNOSIS - PITUITARY MACRO ADENOMA

PRESENTING COMPLAINTS

HEADACHE X 8 YEARS
 INSIDIOUS IN ONSET, MILD IN INTENSITY, HOLOCANIAL BUT MORE IN VERTEX,
 RESOLVING WITHOUT MEDICATIONS, CONTINUOUS DULL ACHE THROUGH OUT THE DAY.

DIMINUTION OF VISION- 3 YEARS
 INSIDIOUS IN ONSET, PAINLESS, SLOWLY, PROGRESIVE VISUAL LOSS IN LEFT >RIGHT
 EYES. NO, H/O EYE TRAUMA, PHOTOPHOBIA, FLOATERS ETC.

NO H/O NAUSEA, VOMITING, SEIZURES, LOSS OF CONSCIOUSNESS, FACIAL
 ASYMMETRY, HEARING LOSS, GAIT IMBALANCE, VERTIGO, WEAKNESS OF LIMBS ETC.

PAST HISTORY

UNDERWENT ENDOSCOPIC TNS AT GB PANT HOSPITAL FOR GH SECRETING PTUITARY ADENOMA
 IN SEPT 2018. BIOPSY- PITUITARY ADENOMA, MIB-1- 5%.
 UNDERWENT LASIK SURGERY IN B/L EYES IN 2015.
 SHE IS KNOWN HYPERTENSIVE FOR 10 YEARS. ON TAB. TELMA CT- 40/6.MG OD
 SHE BECAME COVID 19 POSITIVE ON 16/4/21 FOR WHICH SHE TOOK MEDICATIONS AND WAS
 IN HOME ISOLATION.SHE IS CURED OF COVID 19 NOW.
 NO H/O DIABETES MELLITUS, TUBERCULOSIS, ASTHMA, HYPERCHOLESTEROLEMIA ETC.

EXAMINATION FINDINGS

GCS E4 V5 M6
 B/L PUPILS : NSRL

** THIS NOTE CONTINUED ON NEXT PAGE **

PRATIBHA, PRATIBHA
 103-81-2020 DOB:07/28/1986

AIIMS NEW DELHI
 Pt Loc: OUTPATIENT

Printed:06/30/2021 16:42
 Vice SF 509

MEDICAL RECORD

06/30/2021 10:31 ** CONTINUED FROM PREVIOUS PAGE **

OPTIC NERVE - RIGHT- Va-6/6 , Vf- NO DEFICIT
 LEFT - Va- 6/9, Vf- NO DEFICIT
 EOM -FULL, BILATERALLY
 VESTIBULO COCHLEAR NERVE, RINNE'S TEST - AC > BC BILATERALLY
 WEBER'S TEST - NOT LATERALISED
 ALL OTHER CN WNL
 CEREBELLAR SIGNS - COULDN'T BE ELICTED
 NO OTHER GROSS MOTOR/SENSORY DEFICITS
 NO SIGNS OF MENINGITIS SEEN

INVESTIGATIONS

BIOCHEMISTRY	REF. RANGE	
UREA	:(10-50)mg%	51
CREATININE	:(0.5-1.8)mg%	0.9
SODIUM	:(130-149)mEq/L	142
POTASIUUM	:(3.5-5.0)mEq/L	4.3

SPECIAL DIAGNOSTIC PROCEDURE

MRI (MAR 11, 2021)- WELL DEFINED, T1 HYPOINTENSE, T2 HYPERINTENSE LESION, MEASURING 15 X 6 X 11 MM LESION IN SELLAR REGION ABUTTING RIGHT ICA- S/O RECURRENT/RESIDUAL LESION.

HORMONE PROFILE

GH -4.91
 IGF -1-619

THERAPEUTIC PROCEDURE

SURGEONS : PROF.MMS/ DR.KG OPERATION:30/6/21
 OPERATIVE PROCEDURE : SECONDARY GKT FOR RESIDUAL/RECURRENT PITUITARY
 MACROADENOMA

OPERATIVE FINDINGS

DOSE VOLUME TUMOR 2.63 CM3 (96%) RECEIVES DOSE >=24.00 Gy
 DOSE VOLUME TUMOR A_TG 0.00 CM3 (0%) RECEIVES DOSE >=7.95 Gy

COURSE IN HOSPITAL - UNEVENTFUL

CONDITION ON DISCHARGE: SAME AS BEFORE, NO PIN SITE HAEMATOMA

COMMENTS:

THE CONTROL RATE OF GKT IS AROUND 70-90% OVER NEXT 2-3 YRS. THE STATUS OF LESION WILL BE ASSESSED BY GETTING A CEMRI AFTER 1 YR. IN CASE OF FAILURE OF GKT TO RESOLVE THE SYMPTOMS/ LESION, PATIENT MIGHT NEED TO BE SUBJECTED TO GKT AGAIN OR MIGHT NEED TO UNDERGO SURGERY

ADVICE ON DISCHARGE

TAB. EMESET 4 MG SOS FOR VOMITING

TAB. CROCIN 500 MGSOS FOR PAIN

TAB. TELMA CT- 40/6.MG OD

CONTINUE PREVIOUS MEDICATIONS

FOLLOW UP IN GKT OPD WITH PRIOR APPOINTMENT AT 011-26594588 WITH REPEAT CEMRI

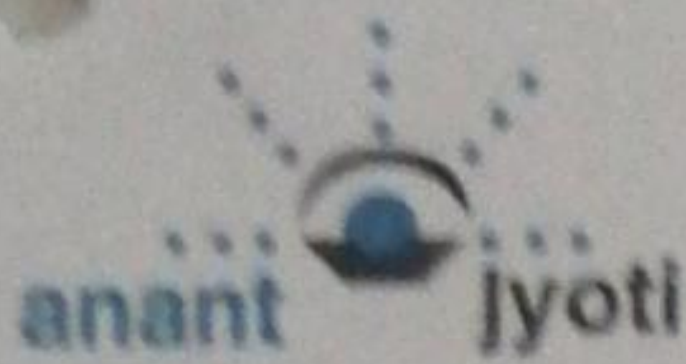
** THIS NOTE CONTINUED ON NEXT PAGE **

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 103-81-2020 DOB:07/28/1986

AIIMS NEW DELHI
 Pt Loc: OUTPATIENT

Printed:06/30/2021 16:42
 Vice SF 509

- K 1113



Anant Jyoti

(Eye Hospital)

432-A, Jagriti Enclave, Vikas Marg,
Near Karkardooma Metro Station, Delhi-92

for Appointment : 22140000, 22140001,
22140007 Mob. : 9810010480

9891 319458

Timing : 9.00 am - 2.00 pm, 6.00 pm. to 9.00 pm

Sunday 9.00 am to 2.00 p.m

Dr. Mool Chand

MD Eye (AIIMS)

Senior Vitreo-Retina Consultant

Formerly : Senior Registrar and Senior Research

Associate Dr. R.P. Centre for Ophth. Sciences (AIIMS)

Date : 29/06/2021

DOB - 28-07-1986

Pratisha

Age - 34/F

VFA

(B) - few isolated

areas of suppression of
retinal sensitivity

No. lamellar holes (S)



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029
Phone : 40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Rajesh Kapur
MD, DNB (Radio Diagnosis)

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

11.03.2021

MS. PRATIBHA, 31YRS / F

UID: 03.21.0480

M.R. OF THE CRANIUM WITH CONTRAST

Axial T1, FLAIR & FSE T2 weighted scans of the brain were studied and these were correlated with coronal and sagittal FSE T2 weighted scans. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No adverse contrast reaction was noted till 30 minutes after the contrast injection.

Follow up case of pituitary macroadenoma. Status postop (2018).

There is widening of the sella turcica. 15 x 6 x 11mm focal hypo enhancing lesion is seen in the right half of the sella causing deviation of the stalk towards left side. Lesion is abutting the right internal carotid artery for a circumference of 180°. Findings are suggestive of recurrent / residual lesion. Optic chiasm is unremarkable.

Periventricular ischemic changes are seen in bilateral frontal and parietal lobes.

Cerebral and cerebellar parenchyma is otherwise unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity. The corpus callosum and skull base are normal. No midline shift. No acute intracerebral hemorrhage. Brainstem is unremarkable.

Visualized portions of the orbits and paranasal sinuses are unremarkable.

IMPRESSION:

1. Widening of the sella turcica with 15 x 6 x 11mm focal hypo enhancing lesion in the right half of the sella causing deviation of the stalk towards left side, abutting the right internal carotid artery. Findings are suggestive of recurrent / residual lesion.
2. Periventricular ischemic changes in bilateral frontal and parietal lobes.

Clinical correlation is necessary

Ankur
DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated.

Facilities Available : 3.0 Tesla GE Pioneer MRI, 32 Slice CT Scan, Bone Densitometry (DEXA), Ultrasound with Color Doppler, Digital X-Ray, Echocardiography, ECG. PFT, EEG, NCV, EMG, Pathology Lab (NABL & NABH Accredited)



Consultant at
Apollo Hosp.

Dr. B. K. ROY

M.B.B.S., M.D. (Medicine), D.M. (Endocrinology)

Senior Consultant - **Apollo Hospitals**, Noida

Ex. Asst. Professor - Hindustan Inst. of Med. Sci., Gr. Noida

Member American Endocrine Society

Member Endocrine Society India (DMC Reg. No. 4625)

Specialist :

- Diabetes • Thyroid
- Short Height (नाटापन)
- Obesity • Underweight
- Hirsutism (अनचाहे बाल)
- Infertility (Semen Abn.)
- Sex Problems (Hormonal)
- Menstrual Problems

Physician - Diabetes, Thyroid & Hormone Specialist

Delhi Centre Laxmi Nagar

Morn. : 11.00 a.m. - 3.00 p.m.
(Mon., Wed., Fri. & Saturday)

Noida Centre Sector-18

Morn. : 11.00 a.m.-1.00 p.m. (Tuesday)
Even. : 4.00 p.m.- 7.00 p.m. (Thu. & Sunday)

Apollo Hospital

Sector-26, Noida
2.00 p.m. - 4.00 p.m.
(Tuesday only)

Delhi Centre : 8527803615, 9899180390

Noida Centre : 9810145142, 9971687203

9911724317 (Delhi), 981045142 (Noida)

www.diabetesthyroidhormone.com/makeappointment.htm

For Appointment Enquiry

WhatsApp for Appoint.

Book Online Appoint. at

Dr. RENU ROY

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

Skin, Hair & Nail Specialist

Delhi Centre : Morn. : 11.00 a.m.- 2.00 p.m. (Sunday only)

Noida Centre : Morn. : 11.00 a.m.- 2.00 p.m. (Thursday only)

Last Visit Dated.....

Name: Pratibha

Age/Sex: 34y / F

Office ID: BR26148

Date: 13-03-2021 03:02 pm

Mobile: 9891319458

Symptoms: Acromegaly due to pituitary adenoma. Already on sandostatin lar 20

Rx Notes: GH 2.76, Igf-1 409

Rx	नाम	आवृत्ति	अवधि	टिप्पणियाँ
1	Injection Sandostatin LAR 20 mg OCTROTIDE		3 महीने	One inj. intramuscular inj once every 4 week give injection in buttock are only. Sandostatin lar 20 causes rise in blood sugar and has increased risk of gall stone which needs frequent monitoring has been explained to patient
2	Tablet Cabgolin (0.5 mg) CABERGOLINE(0.5 MG)	1 tablet - हर दूसरे दिन	3 महीने	Bed time
3	Tablet Telma Ct (40 & 6.25) TELMISARTAN(40 MG) + CHLORTHALIDONE(6.25 MG)	1 - 0 - 0	3 महीने	नाश्ते के बाद
4	Tablet Arcalion SULBUTAMINE	1 - 0 - 0	3 महीने	नाश्ते के बाद, After breakfast (take it if feel weakness)
5	Capsule Lupi D3 60K or D3 Kind 60 K VITAMIN D 60 K	1 capsule - once in 15 days	3 महीने	रात के खाने के बाद
6	Tablet Recovit N.P Or Nurokind next or Nervz B METHYCOBAL(B 12)	1 tablet -	3 महीने	After breakfast two days in week
7	Tablet Atoz MULTIVITAMIN	1 tablet -	3 महीने	After breakfast two days in a week

Other Notes: Under neurosurgeon treatment at GBPant hospital and at fortis hospital noida. Sandostatin lar 20 causes rise in blood sugar and has increased risk of gall stone which needs frequent monitoring has been explained to patient. Referred to.Aiims delhi endocrinology department for needful

Advised Investigations: CBC - Complete Blood Count Haemogram, Hemoglobin chromatography for Thallasemis Screening, Reticulocyte count, Growth Hormone, IGF-1 (insulin like growth factor 1, Serum sodium and potassium, KFT: kidney Function Test

Dr. BK Roy

अपना दवा का पता अस्पताल प्राप्त करें 0000-00-00-00

HORMONE CENTRE
Dr. B. K. ROY
MBBS, MD, DM
Physician Endocrinologist
Reg. No. (DMC-4625)

Online Consultation Facility - A/c Transfer & Consult over phone & get new Prescription.
E-mail : info@diabetesthyroidhormone.com

Diabetes Thyroid Hormone Centre



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Apollo Hospital

Sector-26, Noida
2.00 p.m. - 4.00 p.m.
(Tuesday only)

Name: Pratibha
Age/Sex: 33y / F
Office ID: BR26148

Date: 29-11-2020 12:52 pm
Mobile: 9891319458

Symptoms: Acromegaly due to pituitary adenoma. Already on sandostatin lar 20

Rx Notes: GH 2.76, IGF-1 409

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1	Injection Sandostatin LAR 20 mg <small>ULTRASTRINE</small>		3 महीने	One inj. intramuscular inj once every 4 week give injection in buttock are only. Sandostatin lar 20 causes rise in blood sugar and has increased risk of gall stone which needs frequent monitoring has been explained to patient
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Advised Investigations: Growth Hormone, IGF-1 (insulin like growth factor 1, Blood sugar fasting, MRI plain and contrast for pituitary adenoma, Growth hormone and blood glucose 2 hour after 75 gram glucose, 25 OH vitamin D, Serum Vitamin B-12, Serum Calcium, serum Phosphorus, Alkaline Phosphatase, Ultrasound abdomen for gall bladder stone, Serum sodium and potassium, Urea & Creatinine

HORMONE CENTRE
Dr. B. K. ROY
M.B.B.S., M.D.
Specialist Endocrinologist
Reg. No. (DMC-4625)

Note: This prescription is generated through tele consultation

Online Consultation Facility - A/c Transfer & Consult over phone & get new Prescription.
E-mail : info@diabetesthyroidhormone.com