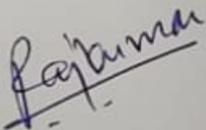


mom's belief Sunshine Therapy Centre

Date: -24.11.2021

To whosever it may concern

This is certified that Anviti Mani D/O of Mr. Raghvendra Mani & Mrs. Poonam Mani, who has been diagnosed as being Sensory Processing Disorder, she is attending Occupational Therapy class in our centre and she needs intensive therapies for at least 1 year. She has issues related to sensory processing disorder, fine motor skills, speech and language delay, behaviour, Concentration, socialization and learning difficulties etc.



Raj Kumar Thapa

Senior Consultant Occupational Therapist

Clinical Director (Mom's Belief Sunshine Therapy Centre)

mom's belief Sunshine Therapy Centre

Noida Office:C-56, Sector-33,,Near Dipakshi Hospital, Noida

Indirapuram Office:Plot No-41, Ground Floor 1st Shakti Khand-2, Near Omaxe Plaza, Indirapuram, Ghaziabad, U.P.- 201010



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No. 348

Dated 9/11/20

Name: Anviti

Sp, W/O, D/O Mr. Raghunandan Maurya

Address: Judge colony Anzaha

Panel:

Period from: to:

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		9	4500
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		9	4500
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				

Shastri Nagar Ghaziabad
 Reg. No. - 32/11/08/2020
 Auth. Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No. 355

Dated 20/12/20

Name: Anvita

S/O, W/O, D/O Raghendra Mani

Address: Lodge Colony, Ameloha

Panel:

Period from 24/12/20 to 31/12/20

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		7	3500
1) Exercise				
2) SI Therapy				
3) Others				
d) Speech Therapy	500		7	3500
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				

Grand Total

Shaili

Suma

Consultant Occupational Therapist
Reg. No. [Signature]
Authentic Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No. 375

Dated 4/1/21

Name: Anviti

S/O, W/O, D/O Mr. Raghvendra Nani

Address: Judge colony Amroha

Panel:

Period from 4/1/21 to 13/1/21

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		10	5000
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		10	5000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				10000

Shailender Kumar
Consultant Occupational Therapist
Reg. No. 32/11/08/2020
Auth. Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No.

377

Dated 5/2/21

Name: Anviti

S/O, W/O, D/O: Mr. Raghvendra Mann

Address: Judge Colony Anroha

Panel:

Period from: 5/2/21 to 14/2/21

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		10	5000
1) Exercise				
2) SI Therapy				
3) Others				
d) Speech Therapy	500		10	5000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				

Shailender Kumar
 Consultant Occupational Therapist
 Reg. No. - 32/11/08/320
 Auth. Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill-No.

384

Dated

9/3/21

Name: Amrta

S/O, W/O, D/O Mr. Raghendra Mani

Address: Judge Colony, Amroha.

Panel:

Period from: 9/3/21 to: 18/3/21

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy				
1) Exercise	500	10	5000	
2) SI Therapy				
3) Others				
d) Speech Therapy	500	10	5000	
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				10000

Grand Total

Consultant Occupational Therapist

Reg. No. 3241708/2020

Auth. Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No.

308

Dated

5/12/18

Name :

Anviti 'Mami'

S/O, W/O, D/O

De Kaphyendra 'Mami'

Address :

Judge Colony, near V.K. Khabra (Amroha)

Panel :

24, 25, 26, 27, 28 DEC 2018

Period from

to

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		5	2500
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		5	2500
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				5000

SHAIENDRAKUMAR
 DIVYA NEURO REHABILITATION CENTRE
 Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

311

Bill No.

Dated 28/1/19

Name: Anviti Mami

S/O, W/O, D/O Mr. Raghendra Mami

Address: Judge Colony, Amroha

Panel:

Period from 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 20, 26, 27, 28 Jan 2019 to 29

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		15	1500
1) Exercise				
2) SI Therapy				
3) Others				
d) Speech Therapy	500		15	1500
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				1500

SHAIENDRA KUMAR
DIVYA NEURO REHABILITATION CENTRE
Authentic Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No. 319

Dated 24/2/19

Name: Anshu Mani

S/O, W/O, D/O: Mr. Raghunanda Mani

Address: Judges colony, Annsa

Panel:

Period from: 8, 9, 10, 11, 22, 23, 24, Feb 2019, to:

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		7	3500
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		7	3500
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				

Signature
SHALINI
DIVYA NEURO REHABILITATION CENTRE



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No: 330

Dated: 24/2/19

Name: Anshu Mani

S/O, W/O, D/O: Mr. Daghrundera Mani

Address: Judge's Colony Ansoha

Panel:

Period from: 8, 9, 10, 11, 22, 23, 24 March 2019 to:

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		6	3000
1) Exercise				
2) SI Therapy				
3) Others				
d) Speech Therapy	500		6	3000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				

SHAIENDRA KUMAR
 DIVYA NEURO REHABILITATION CENTRE
 Auth. Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No.

338

Dated 20/4/19.

Name :

Amishi Nani

S/O, W/O, D/O

Mr. Raghendra Nani

Address :

Panel :

Period from : 11, 12, 13, 14, to 19, 20 April 2019

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy				
1) Exercise	500		6	3000
2) SI Therapy				
3) Others				
d) Speech Therapy	500		6	3000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				6000

SHAIKENDRA KUMAR
DIVYA NEURO REHABILITATION CENTRE
Auth. Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No:

346

Dated:

31/5/19

Name:

Amishi Mani

S/O, W/O, D/O

Mr. Raghendra Mani

Address:

Bridge's colony Anandha

Panel:

Period from:

25, 27, 28 to 29, 31 May 2019

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		5	2500
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		5	2500
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				

SHALENDRA KUMAR
DIVYA NEURO REHABILITATION CENTRE



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No.:

353

Dated:

31/6/19

Name:

Anvitha Mani

S/O, W/O, D/O

Mr. Paghvanrao Mani

Address:

Judge's colony Anvitha.

Panel:

Period from:

1, 11, 17, 19, 20 to 21, 22, 29, 31 June 2019

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		9	4500
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		9	4500
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				9000

SHAILENDRA KUMAR
DIVYA NEURO REHABILITATION CENTRE
Auth. Signature



Divya Neuro Rehabilitation Centre

359

SB-18, Shastri Nagar, Ghaziabad

Bill No.

Dated 30/7/19.

Name: Anviti

S/O, W/O, D/O Mr. Raghendra Mar?

Address: Judge's Colony, Ansoha.

Panel:

Period from: 13, 14, 29 to 30 July 2019.

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		4	2000
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		4	2000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				4000

SHAKENDRA KUMAR
 Divya Neuro Rehabilitation Centre
 Signature



Divya Neuro Rehabilitation Centre

364

SB-18, Shastri Nagar, Ghaziabad

Bill No.

Dated 30/8/19

Name: Anvitha Mani

S/O, W/O, D/O Mr. Raghendra Mani

Address: Judge's Colony, Pusa

Panel:

Period from 3.9.18 to Aug 2019.

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		4	2000
1) Exercise				
2) SI Therapy				
3) Others				
d) Speech Therapy	500		4	2000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				4000

SHALENDRA KUMAR
DIVYA NEURO REHABILITATION CENTRE
Auth. Signature



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

307

Bill No.

Dated 10/10/19

Name: Anvita Mani

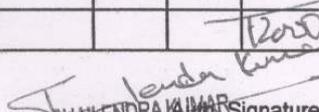
S/O, W/O, D/O: Shri Raghvendra Mani

Address:

Panel:

Period from: 11/9/19 to 30/9/19

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		12	6000
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		12	6000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total			12000	


 SHAIENDRA KUMAR
 DIVYA NEURO REHABILITATION CENTRE



Divya Neuro Rehabilitation Centre

SB-18, Shastri Nagar, Ghaziabad

Bill No. **618**

Dated **18/11/19**

Name: **Anvita Mann**

S/O, W/O, D/O: **Shri Raghendra Mann**

Address: **Judges Colony Anroha**

Panel:

Period from: **1/10/19** to **31/10/19**

ITEM	AMOUNT	Twice a Day	Total Visit	Total
a) Consultation fee				
b) Physiotherapy				
1) TENS / IFT				
2) U.S Therapy				
3) SWD				
4) Electrical Stimulation				
5) Muscle Testing and Diagnostic				
6) Electric Vibrator				
7) Intermittent Cervical Traction				
8) Wax Bath				
9) Hot Pack				
10) Obesity Exercise				
11) Cerebral Palsy Massage				
12) Breathing Exercise and Postural Drainage				
13) Post-Polio Exercises				
14) Others				
c) Occupational Therapy	500		12	6000
1) Exercise				
2) S I Therapy				
3) Others				
d) Speech Therapy	500		12	6000
e) Special Education				
f) Ergonomics Training				
g) Audiometry				
h) Misc. Charge				
Grand Total				12000

SHAIENDRA KUMAR
DIVYA NEURO REHABILITATION CENTRE
Signature



Divya Neurorehabilitation Centre

SB-18, Shastri Nagar, Main Hapur Road, Ghaziabad

Dr. Vivek Pathak

MBBS, MD
Reg. No. 48414

NOT VALID FOR MEDICAL LEGAL PURPOSE

Pt. Name Anviti Mani Age 9 yrs Sex F Date 5/2/21

To whom it may concern.

Anviti Mani (9 yrs) D/o Mr. Raghvendra Mani is under my treatment ~~and~~ for mood swings and Behavioural problem since Dec 2018. She is also ~~is~~ taking Occupational Therapy Session ~~and~~, Speech and special Education Session under the supervision of Shailendra Kumar (B.O-T). She is still in need of Medical treatment and Therapeutic intervention for at least 2 years of her upcoming academic years.

Thanking You.

Dr. Vivek Pathak

Dr. Vivek Pathak
MBBS, MD (Neuro Psychiatrist)
Reg. No.- 48414

Shailendra Kumar

Shailendra Kumar
Consultant Occupational Therapist
Reg. No.- 32/11/08/2020



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

HOSPITAL PREMISES

New Patient
Clinic No. 343/2018
Dept Reg. 2018/003/0026622

General/र 10

OPR-6

Paediatrics/AUTISM
CLINIC PAEDS/Unit-II
Name: ANVI MANI

बनर/Room: 12
Days: Thursday

S/O RAGHVENDRA

7Y पुत्र/म
Ph. 9719645453

सं/O.P.D. Regn. No. _____

पता/Address

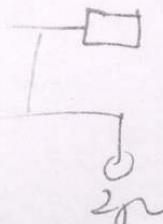
UHID : 104044826 Date. 04/10/2018

रोग/Diagnosis

(ASD)

दिनांक/Date

उपचार/Treatment



25CS

2.7kg

(Hypotonia)

484

no h/o WDW

(Jtg)

(predominant speech lag)
(4 1/2 yr age)

walking @ 18 month of age
can run & climb up stairs

speaking single words by 2yr 3 months

short phrases by (4.5yr)

Motor stereotypy

(Sensory issues)

(freeze w/out)

(Echolalia)

(4.5yr age)

school perf → (Avg)

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

MRI Brain
(3T)

(No sz / No regression)

(sleep EEG) - No aggression / No disruptive
(full of outbursts) (behaviour)

(Disruptive reverb) } IQ -> (10/12/14) by (WISC IV)
(no sz changes) }
of C -> (75)

No NCM

No symptoms

- (No cerebellar signs)
- No loss of purposeful
hand movement

Tone (W)

No (No deficit)
No Meningeal signs
power sz / 0 in cl
4 hrs

-> No autonomic
instability / No
(breathing difficulties)

STR (st)

- received Atomoxetine for
1 month (May 2017)
- 1/3 sz don for 6-7 month stopped
(0.5mg HS) rational drug for -> (4-5 months)
P (ABA)

(plant 1/1)

Quercetin R/A 6
(or. v. v. v.) (wabs)

- Tab Melatonin 3mg HS
(2hr before sleep)

progressive worsening
(aggression) ->

- EEG sleep + brief awake (35)
(Tab Amperozole 5mg HS after BT)



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Anushi		f.	7y	

Diagnosis

दिनांक/Date

उपचार/Treatment

4/11/18

few features are in remission

DSM-5 satisfied for ASD

on CBCL PDD withdrawn } clinically range

Behavioural Intervention

going mainstream in class UKG
 Main concern } = Unusual talk
 } = Poor eye contact
 } = Poor understanding

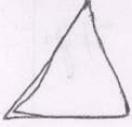
- बच्चों के साथ, पुराने उतर करे
- story सुनाकर, बच्चों से questions

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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- Picture दिखाकर बच्चे से उसके को
लेई
- Thumb painting / finger painting
करवायें

-   coloring करवायें

- Sharing and turn taking सिखायें

- बच्चे का routine बनायें और follow
करने पर प्रोत्साहन दें

- Body part concept with use
करवायें

- special educator

- बच्चे को अपने काम खुद करने

RIW after 2mat



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

दिनांक/Date: 22/11/15

OPR-6

नाम/Name Anviti Mani	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex F	आयु Age 7y	पता/Address
-------------------------	---------------------------------------	------------------	------------------	-------------

रिपोर्ट/Report

Asst

दिनांक/Date	उपचार/Treatment
	<p>अवस्था/Status:</p> <ol style="list-style-type: none"> ↓ Repetitive behavior Echolalia → in 1 by 95% no aggressive / disruptive behavior eye contact / communication: still poor. <p>of excessive sdaⁿ & sup → not being given</p> <p>sup - (1), no ↑ latency not giving medication</p> <p>EEG - not - could not be done, as child could not be placed</p>

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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Adv :

- ✓ Behaviour therapy to continue

- sup + 2-3ms

~~history~~
~~se pmu~~

22/11/18

Behavioural Intervention

Main concern

Peer interaction
Doesn't mix
up with other

- बच्चों में mix up ज्यादा करवायें
- picture दिखाकर उसके बारे में

पूछें
- बच्चे को अपने काम खुद करे
दें help करे - 2 काम करते जायें

- physical activity में busy रहे

- Sing करवायें
- बच्चे को चाक लेकर जायें

और sharing / turn taking करवायें
- Body parts with use करवायें

- Colouring   करवायें



अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

सर्वेभार्यं यद्गु धर्मसाधनम्

OPR-6

एकक/Unit _____
भाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
ANVITI MAHAJAN				

निदान/Diagnosis

ASD On FU (E symptoms in remission)

दिनांक/Date

उपचार/Treatment

~~9/8/19~~

Current concerns:

- 1) poor understanding
- 2) fear of crowd improving with
- 3) poor social interaction

Improvement in speech
eye contact
social interest
schooling (better now)

Savant qualities (+) - signs/says better remembers.

no Seizures; EEG - (-)

No sleep
issues

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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MRF not done

No challenge behaviors / Disruptive in

1. a scale for Behavioral R/m
2. fu with 3 rts
3. T. ASIATO

2.5g ch
analysis

J. S. Sidel/SR

9/08/19

Improvement in features
few features in table

Main Concern } - Executive agency
- does not mix up with other kids

- Sharing / Turn taking
- बच्चे के साथ जाया से जाया बात करें
- बच्चे के रोने / गलत व्यवहार करने पर
- बच्चे का ध्यान बढ़ाने के
- Social activities में involve
- करे Ball playing करवाये

include
app to k...
R/w after
3m



अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

अस्पताल घसु धर्मसभनम्

OPR-6

एक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Anviti Maui	D/o- <i>[Signature]</i> Maui	F	8 Yr	Jalpa Colony Amritsar.

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
18/11/19	ASD under xmission Improvement in echolalia, stereotypies and Mild aggression and Adw - Behavioral intervention - Tab Arip (2.5mg) ½ tab OD - Tab Perphenine (25mg) ½ tabs OD HS - R/V after 3 months / <i>[Signature]</i>

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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18/11/19

ASD in revision

Main concern } - Sensory issues
 - Stubborn

- Water park / water pool
- पानी में खिलौने डालकर छेले के लिए कहे
- Story सुनाकर, पुराने फूँट
- बच्चे के साथ जगह से जगह बात करे
- Sharing करवाये
- Head massage

11/11/19 after 3merry



SIR GANGA RAM HOSPITAL

7/11/2020

SIR GANGA RAM HOSPITAL MARG, RAJINDER NAGAR, NEW DELHI-110060
Tel. : 4225 4000, 2575 0000, Fax : 011-2586-1002, E-mail : gangaram@sgrh.com, Website : www.sgrh.com

Dr. Rajeev Ranjan

MBBS, MD, DNB (Neurology)
Consultant Neurologist
DMC : 11804

Clinic :
SIR GANGA RAM HOSPITAL
Pvt. O.P.D. Room No. F-22, 1st Floor
6.00 pm - 8.00 pm, Mon. to Sat.
Tel. 4225 4000 / 4225 1700
Mobile : 9818249692
E-mail : rrajan727@yahoo.co.in
Web. : www.neurorajeevranjan.com

Anvrb:

9 yr female child.

5-6 yr }
- Speech/ problem
- Behavioral issue

Behavioral/Behavioral Issue

CRP
Pb
TATSI
W/D
Iron
Lmn

⊗

Tab Aspirin 250 mg \times 1 \times 1 A/D
 \times 1 \times 1/2

Tab Seta 250 mg \times 1 \times 1 A/D

Tab NVM 120 mg \times 1 \times 1 \times 1 (10)

Syp Nootropil \times 1 \times 1 \times 1 (1)
Syp Hamud \times 1 \times 1 \times 1 (1)

Glu
Hem
mm
mod

⊗

For Emergency, Reach Casualty - Nearby Hospital / SGRH



SIR GANGA RAM HOSPITAL
NEUROLOGY AND EPILEPSY

DR. (MAJ.) R. K. SABHARWAL
M.B.B.S. M.D. (MEDICINE), D.M. (NEUROLOGY), F.I.C.P.
(PEDIATRIC NEUROLOGY AND EPILEPSY)
MEMBER OF AMERICAN ACADEMY OF NEUROLOGY

Senior Consultant Neurologist
THE EPILEPSY CENTRE
Paediatric Neurologist :
Private OPD, SGRH
Room No. F-48, First Floor,
Timings : 1.00 to 4.00 p.m.
Monday to Friday
Tel. : 4225 4000, 2575 0000
4225 1800, 1798, 1797

Anviti

5/2y

LSCS oligo menes hoco
Delayed walking

Initially showed some autistic like features
like restricted interests (sound make ups,
sound toys), hand inspection, play up &
fingers; hearing but not listening,
↓ eye contact, ↓ peer interaction
There has been some improvement.

- Targon
- Echolalia
- Does not speak sentences, need based, but
not conversational speech
- Clapping when happy

comorbid ADHD

Sleep disorder; late sleep onset mid night

• Social Communication Disorder

THE EPILEPSY CENTRE, 352, SFS Flats, Hauz Khas, New Delhi-16 • Timing : 8.00-12.00 a.m. Mon.-Sat.
Phone : 2696 3098, 2651 9667, 88008 14451
Residence : 10/5, Sarva Priya Vihar, New Delhi-110 016 • Phone : 4182 8472 • E-mail : mukpran@yahoo.com

Dr. Salude's Walea . 9818209316

• ~~Do~~

• Assessment

CARS.

Communication modes.

Therapies.

Sleep EEG

SQRH: ~~0~~

R₀

1) Sizodon MD (0.5mg)

0 ————— 1.
8.30 pm.

Diet

Milk curd

Reduce Maida

↑ vegetables, ~~rice~~



DEVELOPMENT CLINIC
Department of Neonatal, Pediatrics and Adolescent Medicine

COMPREHENSIVE DEVELOPEMENTAL ASSESSMENT

Name: Anviti
Age: 5 Years 9 months
Sex: Female
Date of Birth: 1/9/2011
Informant: Parents
Date of assessment: 2/6/2017
Referred by: Dr. R. K. Sabharwal

REASON FOR REFERRAL:

For comprehensive developmental evaluation

BACKGROUND INFORMATION:

Birth, Developmental and Medical history:

Anviti is the ^{first} ~~second~~ child in birth order of two children and born of non consanguineous marriage. She was born at term gestation with normal birth weight. No significant antenatal and postnatal history was reported. She started walking independently by 1.5 years of age. She started speaking single words by 2 years 3 months and could make short phrases by 4.5 years. She has mostly need based communication at present and also does irrelevant talking. She tends to repeat words spoken to her and cannot answer simple "what, where, when" questions. She has less in seat behavior and is always moving about. She is fond of music and has limited pretend play. She is not able to play independently with peers of her age and will mostly play with girls.

Anviti is studying in Grade UKG, in Moradabad. There have been concerns from the school regarding her academic difficulties. She is not able to follow instructions in the class, has less in seat behavior and limited participation.

BEHAVIORAL OBSERAVATIONS AND TESTING

Observations during Testing:

Anviti came across as a pleasant child during assessment. She had a limited eye contact and was less integrated with her conversations. She demonstrated overactive behaviors and had lot of self talking. She also smiled in response at times and had echolalia.

ON EXAMINATION:

Head size: 52 cm
No pallor, icterus, lymphadenopathy
Neurological examination: Tone reduced, Power grade 5 in all four limbs, DTR elicitable, no asymmetry
Per Abdominal: No hepatosplenomegaly
CVS and RS: No abnormality detected.
Domain Left Handedness

TOOLS USED/ ADMINISTERED:

- Clinical interview with parents and child



DEVELOPMENT CLINIC

Department of Neonatal, Pediatrics and Adolescent Medicine

- Developmental Profile (DP-III)
- Childhood Autism Rating Scale-Second Edition ST (CARS-2)

INTERPRETATION OF ASSESSMENTS

DEVELOPMENTAL PROFILE-3 (DP-3)

The Developmental Profile evaluates children's functioning in five key areas, in just 20 to 40 minutes. The DP-3 is designed to evaluate children from birth through age 12 years, 11 months, and includes 180 items, each describing particular skills. The respondent simply indicates whether or not the child has mastered the skills in question. It provides a **General Development score** as well as the following scale scores: **Physical**- Large- and small-muscle coordination, strength, stamina, flexibility, and sequential motor skills. **Adaptive Behavior**- Ability to cope independently with the environment—to eat, dress, work, use modern technology, and take care of self and others. **Social-Emotional**- Interpersonal abilities, social and emotional understanding, functional performance in social situations, and manner in which the child relates to friends, relatives, and adults. **Cognitive**- Intellectual abilities and skills prerequisite to academic achievement. **Communication**- Expressive and receptive communication skills, including written, spoken, and gestural language. Within each scale, basals and ceilings are used; therefore one does not have to administer all 180 items. And because each scale has its own norms, one does not have to use all five scales if interested in just one. Anviti's parents along with the examiner filled the parent/caregiver checklist. The results are shown below:

Scale	Standard Score	Age Equivalent (years-months)	Descriptive Category
Physical	63	3-0	Delay
Adaptive Behavior	60	2-10	Delay
Social Emotional	<50	2-4	Delay
Cognitive	56	3-0	Delay
Communication	61	2-7	Delay
General Development Score	42		Delay

As per Developmental Profile 3 (DP-3), Anviti's General Development standard score is 42 and falls in the delay range. The standard scores for physical, adaptive behavior, cognitive, social emotional and communication domain show significant delays.

THE CHILDHOOD AUTISM RATING SCALE

The Childhood Autism Rating Scale, Second Edition (CARS 2) includes three forms. The three forms are the two Rating Booklets- Childhood Autism Rating Scale, Second Edition- Standard Version (CARS2- ST; formerly titled CARS) and the Childhood Autism Rating Scale, Second Edition- High Functioning Version (CARS2- HF)- and the Questionnaire for Parents or Caregivers (CARS2-QPC). The CARS2- ST and CARS2-HF are not intended as screeners for use in the general population. Their primary value lies in their providing brief, quantitatively specific and reliable yet comprehensively based summary information that can be used to help develop diagnostic hypotheses among referred individuals of all ages and functional levels.

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CARS2-ST and CARS2-HF ratings are made based not only on the frequency of behaviors, but also on their intensity, peculiarity and duration. This allows for great flexibility in integrating comprehensive information about a case, and at the same time yields consistent quantitative results. Professionals can also use CARS2 results to help in giving diagnostic feedback to parents, characterizing functional profiles, and guiding intervention planning. The CARS2-ST and CARS2-HF each include 15 items that ask respondents to rate an individual on a scale from 1 to 4 in key areas related to autism diagnosis. *The ratings were done by the examiner based on Anviti's parents interview and her observations. Anviti obtained a rating of 28 on CARS 2- ST, which places her in Minimal Symptoms of Autism Spectrum Disorder at this time.*

Severity Group:

Minimal Symptoms of Autism Spectrum Disorder	15-29.5
Mild to Moderate Symptoms of Autism Spectrum Disorder	30-36.5
Severe Symptoms of Autism Spectrum Disorder	37 and higher

ON EXAMINATION:

Anviti was observed to be self absorbed and not as responsive to the adult as is typical child her age. She is able to imitate but after delay and requires prodding. Her emotional reactions are somewhat inappropriate type or degree to certain objects of events. Anviti indulges in some repetitive behaviors like hand movements and clapping. Anviti demonstrates poor imagination and does not play with peers and toys age appropriately. She plays immaturely with toys and likes to play with only sound based toys. She has difficulty adapting to new environments. Both visual and listening responses are limited. Her eye contact is fleeting and she occasionally stares off in space and she avoids looking in the eye. She also demonstrates poor joint attention. No significant sensory difficulties are reported. Anviti is afraid of loud noises and is nervous while going downstairs. Her verbal communication is limited and she only indulges in need based communication. She usually calls herself as third person and some peculiar speech like jargon and echolalia is prominent. She speaks in high pitch voice and mostly repeats ads and tv dialogues. Her nonverbal communication use is also immature and has difficulty understanding the nonverbal communication of others. Her activity levels are high. Anviti's cognitive abilities appear to be in borderline to below average range but some unusual skills have been reported. She is reported to have excellent memory. Anviti remembered name of states and their capitals. Some features of ASD are prominent.

Anviti is presently in UKG and has been repeating same class. Presently, as reported she has developed pre academic skills like names of colors, shapes, letter names and some counting. She has difficulty communicating with her peers and she also tends to have difficulty with fine motor skills. She is unable to copy from board. She is left handed.

CLINICAL FINDINGS AND DIAGNOSTIC IMPRESSIONS:

- Minimal features of Autism Spectrum Disorder are prominent

RECOMMENDATIONS:

1. *Continue education in regular classroom but interventions outside school are highly recommended at this time.*
2. *Speech and Language therapy and behavior therapy Le ABA to be considered.*
3. *Occupational Therapy.*
4. *Parent guidance regarding management of behavior and development of appropriate developmental skills, Continue stimulation at home.*
5. *Consistent human interactions, learning experiences and playing with your child is very important.*

DEVELOPMENT CLINIC

Department of Neonatal, Pediatrics and Adolescent Medicine

6. Multisensory instruction can be used like visual, auditory, or tactile and kinesthetic modalities.
7. To increase Anviti's recognition ability: 1. Point to pictures of objects in a picture book and say the names of objects he knows and can say. 2. Point to few common objects in the house or outside and say their names.
8. Follow a less desirable task with a more desirable task. Make completion of the first necessary to perform the second. Use the statements if-then.
9. Talk, talk, talk. Narrate the day as it evolves. Tell your child, for instance, "Now we're going to take a bath. Can you feel the warm water on your belly? When we dry off, we'll get dressed and take a walk."
10. *Read to your child. Ask your child, "What's this?" and encourage naming and pointing to familiar objects in the book.*
11. Sing simple songs and recite nursery rhymes to show the rhythm and pattern of speech.
12. Enjoy music together. Young children love music and movement. When they listen to lively songs, like "Old McDonald Had a Farm," they learn about the world around them and the rhythm of language.
13. Use television, phones, tablets or computers (screens) sparingly. The American Academy of Pediatrics recommends that children younger than 2 not watch television at all, and that children 2 and older view no more than two hours of quality programming a day. While some educational programs can be beneficial to kids, TV shows don't interact with or respond to children, which are the two catalysts kids need to learn language. Computer games are interactive, but they aren't responsive to a child's ideas.
14. Label feelings as they occur: For example, if your child is reaching for food in the fridge, label the feeling. For example, say "You are hungry". The more your child hears the particular feeling with a specific behavior, the better they will be able to understand that feeling.

SOCIAL SKILLS AND COMMUNICATION:

1. The "confusion" and social awkwardness she displays are real and unintentional; they should not be viewed as conduct to be penalized.
2. Verbally teach (don't expect the child to observe) cognitive strategies for the skills of conversational pragmatics (the "give and take" and comfortable beginnings and endings of a conversation, how and when to change the subject, formal versus informal conversational idiosyncrasies, tone and expression of voice, etc.) and nonverbal body language (facial expressions, correct social distance, when the limit or cut-off point has been reached, etc.).
3. All expectations need to be direct and explicit. Don't require Anviti to "read between the lines" to glean your intentions.
4. Avoid sarcasm, figurative speech, idioms, slang, etc., unless you plan to explain your usage.
5. Write out exact expectations for any situation where the child may seriously misperceive complex directions and/or proper social cues. Feedback given to Anviti should always be constructive and encouraging or there will be no benefits derived.
6. Provide ongoing social skills training. Frequent feedback on how Anviti's behavior impacts himself and others will be helpful along with suggestions for more appropriate behavior.
7. Teach Anviti to recognize and state her feelings, starting with very basic ones.
8. *Help her to develop socially appropriate ways of coping with stressful situations, such as removing himself from the situation, asking for help etc.*
9. Some of the goals for social skills training to be considered are as follows:

Social Emotional Skills:

- Encourage Anviti to appreciate the company and activities of other children by creating opportunities to spend time with other children.



DEVELOPMENT CLINIC

Department of Neonatal, Pediatrics and Adolescent Medicine

- Encourage her to play in group games (not just activities) without constant direct supervision by an adult.
- Help Anviti learn to enjoy times of independent play.
- Help her learn and be comfortable talking about her body.
- Teach her about ownership.

Communication skills:

- Encourage her to retell the plots of T.V. shows, movies, plays and stories
- Encourage Anviti to tell a story by looking at the pictures in a familiar story book
- Teach her to use of logical words and phrases, such as because or it makes sense to

MANAGEMENT OF BEHAVIOR:

10. Redirect physical energy, or ignore it.
11. Find ways to take frequent breaks from seatwork or if needed from the classroom. For example, give Anviti an errand to do, have her hand out materials etc.
12. Allow Anviti to move in and around her seat as long as he is not disruptive to others.
13. Praise appropriate behaviour and ignore inappropriate behaviour.
14. Isolation, deprivation, and punishment are not effective methods to change Anviti's behavior as he may already be trying her best to conform (but misinterpreting all kinds of nonverbal cues).
15. *Effective positive reinforcers are the keys to a successful behavioral intervention. Check with the student to ensure that the selected reinforcers are highly motivating.*
16. State corrections and redirections in a positive, non-humiliating manner. State what you would like the student to do rather than what you want her to stop doing.

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डॉ० मन्जेश राठी

Dr Manjesh Rathi

MD , DM (Neuro)

Fellow Child Neurology (CDC)

Senior Consultant in Neurology

Neurophysiology & Sleep Medicine

Formerly at :- Apollo Hospital - Delhi, NIMHANS - Bangalore

INSR - Chennai, MAMC & GB Pant Hospital - Delhi

Regn No. - 26364

Name.....Baby Anvith..... Age 6y3m Date 16/2/17

Rx

2 ASD

ASD - CMS - mild
Autism

M-90m
AR-4
mes

① - In Trachea & P
② - In Anus & c.

O-B more than 10%

→ Need Regular Follow up at Neurology clinic.

→ Review after 2 1/2 months

2 1/2 months

Expected Outcome Explained

Expected Cost Explained

Admission/Follow up/Referred to _____



दिमाग, रीढ़, मांस पेशियाँ एवं नसों के रोगों के विशेषज्ञ

डॉ० एम० आर० अस्पताल

पी.एम.एस. स्कूल पीलीकोठी, मुरादाबाद - 244001

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Emergency 24 hours | valid upto 6 days

Mobile # :- 7520435375, Phone # :- 0591-2411334

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Dr. Dishanter Goel

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

K.G.M.C. (Lucknow)

CONSULTANT NEUROPSYCHIATRIST

Regn. No. : 047366

Specialist in : Child Psychiatry, De-addiction, Psychiatry
Headache & Migraine, Geriatric Psychiatry, Sexology

Pragyan HEALTH CENTRE

A Centre For Complete Neuropsychiatric Solutions

A-82, गांधीनगर, प्रिंस रोड, वाजिद नगर के सामने, मुरदाबाद-244001

Phones: 0591-6536441 / 92588 34664

विशेषज्ञ: मानसिक रोग नशा उन्मूलन बाल मनोरोग सरदर्द व माइग्रेन सेक्स समस्याएँ वृद्धावस्था मनोरोग

Name: Anviti

Age/Sex: 5 1/2 / F

Date: 13 MAY 2017

Informant:

Self, Father, Mother

Address: DOB: 1/9/2011
Amroha.

Prev. Prescription Date: Nil

B.P.

Addo. ~~150/90~~ 150/90, Amroha

Wt. 21 kg

Mr. Raghendra Mani

weakened.

Sleep

Repeats things
but not able to speak individually.
Emotional attachment is parents good

Appetite

Addiction

Past h/o

1. Azeptā 10mg 1/2 OD
(Atomoxetine)

DA
IA assessment
MA 4.5-5yr
IA - 80-85

G⁺ LA 150g

आपका चिकित्सक

आपका चिकित्सक बंद रहेगा।

Facilities:

EEG (दिमाग की नसों को जांच)

IQ Assessment (बुद्धि को जांच)

Personality Assessment

(व्यक्तित्व को जांच)

Psychotherapy / Counselling

(सभी प्रकार को काउंसिलिंग)

Comprehensive Child Assessment

(बच्चों को समस्त मानसिक बीमारियों को जांच)

सभी 7 दिनों में दो बार के लिए मान्य है।

दवा सलाह के दवा न छोड़ें, जो लिखी गयी है उसी दवा का सेवन करें।

डॉक्टर साहब रविवार को सिर्फ सुबह 10-2 बजे तक मिलते हैं।

अन्य दिन को दवा लिखी गई है, उसके बाद डॉक्टर साहब को दिखाकर ही दवा खाएँ।

Not for Medicolegal Purpose

मर्ती की सुविधा उपलब्ध है।

Next Appointment

Date :

Dr. Dishanter Goel

M.B.B.S., M.D. (Psychiatry)
K.G.M.C. (Lucknow)

CONSULTANT NEUROPSYCHIATRIST

Specialist in: Child Psychiatry, De-addiction Psychiatry
Headache & Migraine, Geriatric Psychiatry, Sexology

Pragyan

HEALTH CENTRE

A Centre For Complete Neuropsychiatric Solutions
A-82, Gandhi Nagar, Prince Road, Moradabad-244001
Phones: 0591 - 6536441 / 92588 34664

Facilities: • EEG • IQ Assessment • Personality Assessment • Psychotherapy / Counselling • Comprehensive Child Assessment

IQ Assessment Report

Patient Name: **Anviti**

Date of Assessment: 13/05/17

Age/Sex: ~5 Years 8 Months/Female

Date of Birth: 01/09/2011

Tests Used: Seguin's Form Board Test (FBT)/ Coloured Progressive Matrices (CPM)/

Test /Gessell's Developmental schedules/ Developmental Screening Test (DST)/

Informant: Father (Mr. Raghuvendra - edu. -LL.B.), Mother-(Mrs. Poonam edu. -M.Sc.)

Reason for Consultation: Behavioural problems /Study problems

Level of Consciousness: Conscious

Cooperation: Fair

History and Observations:

Antenatal- Uneventful

Prenatal- The child was delivered almost full term LSCS *at hospital*. Cry was normal.

Postnatal- Uneventful

Milestones- Some milestones were delayed in accordance with age:

Started sitting at 9 months of age.

Started walking at 1.5 yrs of age.

Started speaking at 2.5 yrs of age

Start indicating about urination and defecation at 3 yrs of age.

Maturity- Cannot ride bicycle properly,

Cannot feed herself properly, Can put shoes properly

Not Able to button/unbutton, Not able to bathe by himself,

Can copy circle, cross and square, Cannot copy triangle,

Activity: Impulsive, rigid.

Dr. Dishanter Goel

M.B.B.S., M.D. (Psychiatry)
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Attention: Easily distracted, hyperactive .

Emotional component: Eye to eye contact poor, not interacting with strangers freely.

Developmental Component:

Cooperation: Fair

Impulsivity in responses: Present

Distractibility: Present

Performance on tests: Poor

Careless errors: Few

Urgency to finish the task: Not marked

Scores: Gessell's Developmental schedules- 4.5 -5 Years

DST- 3 Years 10 months

On FBT lowest score is 48.8 seconds (Corresponds to 4 yrs of M.A.).
CPM score - Not able to Perform (Corresponds to below 5 yrs of M.A.).

Impression: Mental Age: ~ 4.5 years

Functional Developmental Quotient: ~81-85
Low Average Intelligence

Advice:

Constant revision, change the method of studies, study in a room with minimal distractions, Memory enhancement methods to be applied.
Parents should stop fault finding, more family reassurance and support is needed.

Note: As the objectivity in tests was limited due to the mental age of the child, the assessment might reflect some change at later age. Disclaimer: IQ assessment reflects the intellectual performance of the subject on a particular day. It need not necessarily mean that the subject might not be able to perform better on any other day. It depends on the mental state, cooperation and involvement of the subject.
As Child was inattentive & non cooperative so the objectivity of tests is limited
Further assessment is required to ascertain the diagnosis

Dr. DISHANTER GOEL
M.D.

Dr. SUNEEL CHAUDHARY
Ph.D., P.G.D.G.C.

IPD No-AVMIP2101347

Date-06/04/2021

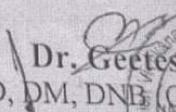
EMERGENCY CERTIFICATE

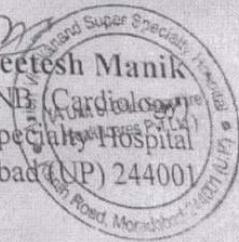
This is to certify that patient **Mr. Virendra Singh, 70 Y/M**, Medical Card No-031217, R/O H. No- 62A, Budhi Vihar, Phase-2, Moradabad (UP) is directly admitted through emergency at Asian Vivekanand Super Specialty Hospital Moradabad on date 05/04/2021, 23:23, with complaint of ghabrahat, palpitation with sweating and known case of DM, HTN

Provisional Diagnosis is- sepsis with septic shock / renal dysfunction / DM / HTN

Plan of treatment medical management and stabilisation.

Patient needs emergency treatment for further management with CCU care.


Dr. Geetesh Manik
MBBS, MD, DM, DNB (Cardiology)
Asian Vivekanand Super Specialty Hospital
Moradabad (UP) 244001



Patient ID 1021349 Alt Ref No:
 Name Mr. VIRENDRA SINGH
 Age 70 Yrs Sex Male
 Ref. By Dr. RAJ SHEKHAR GUPTA M.CH
 @EstimateRs 450

Reg. Date 05/04/2021 13:40:39
 Visit Rs.
 Received Date 05/04/2021 13:41:53
 Print Date 05/04/2021 18:18:56
 Last Print

Ultimate Pathlab
 NABL Accredited Lab.



Specimen EDTA

Test Name

Value Unit Biological Ref Interval

COMPLETE BLOOD COUNT (CBC)

HAEMATOLOGY

Haemoglobin <small>Colorimetry</small>	12.5	g/dL	13.0 - 18.0
Total Leucocyte Count <small>Electrical Impedance</small>	25100	/cumm	4000 - 11000
Differential Leucocyte Count <small>Microscopy</small>			
Neutrophil	80	%	40 - 70
Lymphocyte	12	%	20 - 45
Eosinophil	00	%	01 - 07
Monocyte	08	%	00 - 10
Basophil	00	%	
Absolute Neutrophil Count	20.08	10 ³ /uL	2.00 - 7.00
Absolute Lymphocytes Count	3.01	10 ³ /uL	1.00 - 3.00
Absolute Monocyte Count	2.01	10 ³ /uL	0.20 - 1.00
Absolute Eosinophil Count	0.00	10 ³ /uL	0.02 - 0.50
Absolute Basophil Count	0.00	10 ³ /uL	0.02 - 0.10
Total RBC Count (TRBC) <small>Electrical Impedance</small>	4.30	millions/cumm	4.50 - 6.50
Hematocrit (HCT) <small>Electrical Impedance</small>	39.6	%	40.0 - 54.0
MCV <small>Calculated</small>	92.1	fL	80.0 - 100.0
MCH (Mean Corp Hb) <small>Calculated</small>	29.1	pg	27.0 - 31.0
MCHC (Mean Corp Hb Conc) <small>Calculated</small>	31.6	gm/dL	33.0 - 37.0
Platelet Count <small>Electrical Impedance</small>	95000	/cmm	150000 - 450000
Red Cell Distribution Width (RDW) <small>Techn Automated Cell Counter</small>	46.0	FL	39.0 - 46.0

Normal RDW and low MCV

- *Anemia of chronic disease,
- *Heterozygous thalassemia,
- *Hemoglobin E trait.

Elevated RDW and low MCV

- *Iron deficiency,
- *Sickle cell B-thalassemia.

Normal RDW and high MCV

- *Aplastic anemia,
- *Chemotherapy/Antivirals/alcohol.

Elevated RDW and high MCV

- *Folate or vitamin B12 deficiency,
- *Immune hemolytic anemia,
- *Cytotoxic chemotherapy,
- *Chronic liver disease,
- *Myelodysplastic syndrome.

Normal RDW and normal MCV

- *Anemia of chronic disease,
- *Acute blood loss or hemolysis renal disease.

Elevated RDW and normal MCV

- *Early Iron, vitamin B12, or folate deficiency,
- *Dimorphic anemia,
- *Sickle cell disease,
- *Chronic liver disease,
- *Myelodysplastic syndrome.

CLINICAL PATHOLOGY

Page No: 1 of 2

Printed By HABEEB

Checked by

Dr Ajai Veer Singh
 MD (Micro)

Dr Sudhir Middha
 MD (Path)

Dr Manoj Saxena
 MD (Path)

Plot No. 1, Crossing, Distt. Hospital Road, Moradabad (U.P)
 Phone: 7088120154 / 7088120155
 Email: ultimatepathlab@gmail.com
 Home Collection Facility: 7088120156 / 57 / 58 / 59 / 60



Patient ID 1021349 Alt Ref No: Reg. Date 05/04/2021 13:40:39
 Name Mr. VIRENDRA SINGH Visit Rs.
 Age 70 Yrs Sex Male Received Date 05/04/2021 13:41:53
 Ref. By Dr. RAJ SHEKHAR GUPTA M.CH Print Date 05/04/2021 18:18:56
 @EstimateRs 450 Last Print



Specimen URINE

Test Name **Value** **Unit** **Biological Ref Interval**

URINE EXAMINATION
 PHYSICAL EXAMINATION

Quantity	10	ml	
Colour	Light Yellow		
Appearance	Hazy		
Deposit	Present		Absent
Turbidity	Absent		Absent
Reaction	Acidic		4.5 - 8.0
Specific Gravity	1.020		1.000 - 1.030

CHEMICAL EXAMINATION

Urine Albumin	(++)		Nil
Urine Sugar	Nil		Nil
Ketone	Nil		Nil
Nitrite	Nil		Nil
Bile Pigments	Nil		Nil
Bile Salt	Nil		Nil

MICROSCOPIC EXAMINATION

Pus Cells	In fair numbar	/HPF	0 - 3 \hpf
Epithelial Cells	10-12	/HPF	0 - 3 \hpf
Rbc's	30-35	/HPF	Nil
Casts	Nil		
Crystals	Nil		
Others	Nil		

*** End of Report ***

Page No: 2 of 2

Printed By HABEEB

Checked by

Dr Ajat Veer Singh
 MD (Micro)

Dr Sudhir Middha
 MD (Path)

Dr Manoj Saxena
 MD (Path)

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 ultimatepathlab@gmail.com
 Home Collection Facility : 7088120156 / 57 / 58 / 59 / 60



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. VIRENDRA SINGH	IPD No.	: AVMIP2101638
Age	: 70 Yrs 12 Hrs	UHID	: AVM000043015
Gender	: MALE	Bill No.	: AVMWR210019130
Ref. Doctor	: DR. GEETESH MANIKAsian Vivekanand Hospital	Bill Date	: 06-04-2021 09:46:25
Ward	: CCU	Room No.	: CC11_MBD
		Print Date	: 06-04-2021 12:51:55

ULTRASOUND WHOLE ABDOMEN

Liver is enlarged measuring 16.20 cm in size with raised echotexture. Vascular and biliary radicals are not dilated. No focal mass lesion or cystic lesion seen.

Gall Bladder Normal in distension with echofree lumen.

Portal CBD is normal in caliber. There is no evidence of any calculus or mass in CBD.
Portal Vein is normal in caliber.

Pancreas Normal in size with regular outline and shows homogeneous echotexture in head, body & tail regions.

Spleen Normal in dimension with regular intact capsule shows homogeneous echotexture.

Both Kidneys Normal in size, shape and position. Pelvicalyceal system normally seen. No evidence of hydronephrosis seen. No calculus seen. A large cortical cyst measuring 42x 47mm in seen in lower pole of left kidney

Both Ureter Not dilated. Stent seen in left ureter

Urinary Bladder Normal in size, shape and contour. No filling defect or calculus seen. Multiple low levels echoes seen in bladder.

Prostate Enlarged with normal echotexture.
Approximate vol. 35cc

Post voiding film not taken

OPINION: - FINDINGS ARE SUGGESTIVE OF HEPATOMEGALY WITH FATTY LIVER WITH LEFT RENAL CORTICAL CYST WITH CYSTITIS WITH ENLARGED PROSTATE.

ADVISED FURTHER INVESTIGATIONS.

.....End of Report.....

Prepare By.
SHAVEZ

DR. NEENU KAPOOR, MBBS,DMRD

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

VIVEKANAND
SUPER SPECIALITY HOSPITAL

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. VIRENDRA SINGH	IPD No.	: AVMIP2101638
Age	: 70 Yrs 1 Days	UHID	: AVM000043015
Gender	: MALE	Bill No.	: AVMWR210019051
Ref. Doctor	: DR. GEETESH MANIKAsian Vivekanand Hospital	Bill Date	: 05-04-2021 23:30:16
Ward	: CCU	Room No.	: CC11_MBD
		Print Date	: 07-04-2021 13:22:39

X-RAY CHEST PA VIEW

Trachea central.

Emphysematous changes are seen in both lungs

Both Costophrenic angles are clear.

Cardiac shadow is normally seen.

Bronchovascular markings are prominent.

Both hilar shadows are prominent.

Both domes of diaphragm are normally seen.

ADVISED- FURTHER INVESTIGATIONS

.....End of Report.....

Prepared By,
VIVEK SHARMA

DR. NEENU KAPOOR, MBBS,DMRD

Note: The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

FINAL REPORT

AVMWR210019051
 MR. VIRENDRA SINGH
 70 Yrs / MALE
 DR. GEETESH MANIK
 AVM21015051
 AVMP2101638

Bill Date : 05-04-2021 23:30
 UHID : AVM000043015
 Patient Type : IPD If PHC :
 Ward / Bed : CCU / CC11_MBD
 Current Ward / Bed : CCU / CC11_MBD
 Receiving Date & Time : 05-04-2021 23:37
 Reporting Date & Time : 06-04-2021 00:23

BIOCHEMISTRY REPORTING

(with Abnormality)	Flag Result	UOM	Biological Reference Interval
KIDNEY/RENAL PANEL 1			
UREA-NITROGEN-SERUM (Modified Jaffe's Reaction)	H 57.0	mg/dL	17 - 43
CREATININE-SERUM (Modified Jaffe's Reaction)	H 2.0	mg/dL	0.67 - 1.17
UREA-NITROGEN-SERUM (Indirect Ion-Selective Electrode)	L 128.0	m.mol/L	136 - 146
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)	3.7	m.mol/L	3.5 - 5.1
MAGNESIUM-SERUM (Indirect Ion-Selective Electrode)	98.0	m.mol/L	98 - 107
FUNCTION TESTS (LFT)			
BILIRUBIN-TOTAL	H 1.98	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (Icteric)	H 0.88	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H 1.10	mg/dL	0.2 - 0.8
ALBUMIN-TOTAL (Bromocresol Green)	L 5.7	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	L 3.0	g/dL	3.5 - 5.2
ALBUMIN	L 2.7	g/dL	2.8 - 3.8
ALBUMIN	L 1.11		1.5 - 2.5
ALP (AL) PHOSPHATASE (Kinetic Rate - CSE/IFA Method)	88.0	IU/L	80 - 300
ALP (AL) AMINO TRANSFERASE (SGOT) (Kinetic UV)	40.0	IU/L	0 - 50
ALP (AL) AMINO TRANSFERASE (SGPT) (Kinetic UV-without P5P)	H 62.0	IU/L	0 - 35
ALP (AL) GLUTAMYL TRANSPEPTIDASE (IFCC)	---	IU/L	0 - 55
ALP (AL) Dehydrogenase (IFCC, I-H)	214.0	IU/L	0 - 248

** End of Report **

DR. SH KUMAR

Name : Mr. VIRENDRA SINGH
Lab No. : 294449001 Age : 70 Years Gender: Male
A/c Status : P Ref by : Dr. R.S.Gupta
Collected: 13/03/2021 19:02:00
Received: 14/03/2021 19:03:35
Reported: 17/03/2021 16:48:09
Report Status: Final

SURGICAL PATHOLOGY REPORT @

SPECIMEN : TURBT
CLINICAL HISTORY : Urinary bladder mass
GROSS : Received multiple grey brown, soft to friable tissue bits together measuring 1.6 x 1 x 0.6 cm.
MICROSCOPY & IMPRESSION : **TURBT: High grade non-invasive papillary urothelial neoplasm**
- Detrusor muscle present - free of tumour.
ADVISED : Clinical & radiological correlation.
HISTOPATH NO : [LPL/B/127968/21 : Entire tissue]


Dr Anita Kumari
MD, Pathology
Consultant Pathologist - NRL


Dr Rajiv Tangri
MD, Pathology
National Head- Histopathology &
Cytopathology- NRL

Note: Case reported by Dr Anita Kumari

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted. *All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. *Sample repeats are accepted on request of Referring Physician within 7 days post reporting. *Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. *Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. *Test results may show interlaboratory variations. *The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). *Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(*) Sample drawn from outside source. (*) Not in NABL scope.

Note: 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.
3. Contact histopathology department for any clarification

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.
@ Tests conducted at Referral Lab.



Sir Ganga Ram Hospital
UROLOGY CONSULTANTS

6634

SIR GANGA RAM HOSPITAL MARG, RAJINDER NAGAR, NEW DELHI-110060

Dr. B.K. Vohra
FRCS (ENG)
Advisor & Emeritus Consultant
Deptt. of Urology
Trustee, Sir Ganga Ram Hospital

Dr. (Prof.) Sudhir Chadha
M.S., M.CH. (Urology) Diploma Urology (Spain)
Member, Board of Management
Co-chairman, Department of Urology
Co-chairman, Department of Kidney Transplant Surgery

3000/2
 Mr. VIRENDER SINGH
 DM. ENT SOL Bhadda - Bhd
 032
 6th FLOOR New Builders
 PAC IN OP
 FOR CPK PROCEED
 TURBT / TURP /
 Bhadda Br
 COVID 19 RT PCR
 - EGGS (16)
 - XRAY CREST
 FRESH FICM
 (20)
 27/02/2021

Sir Ganga Ram Hospital:
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Monday to Saturday
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For Appointment :
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: 9654043787
Amit : 8700646251

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Unit 1 : Vardan Nursing Home, H.No.-2, Near Eid Gah Choraha, Lajpat Nagar, Moradabad Ph. : 0591-2490352, 8218002245 • www.vardannursinghome.bizpa.in
Unit 2 : Vardan Diagnostic Centre, Majholi Delhi Road, Opp. Spring Field College, Near Chaudhary Charan Singh Chowk, ICICI Bank ke Pass, Moradabad-244001



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : CT

Patient Name	: MR. VIRENDRA SINGH	IPD No.	:
Age	: 70 Yrs 18 Hrs	UHID	: AVM000041112
Gender	: MALE	Bill No.	: AVMOP210005196
Ref. Doctor	: DR. PANKAJ GUPTA Asian Vivekanand Hospital	Bill Date	: 18-02-2021 16:47:54
Ward	:	Room No.	:
		Print Date	: 19-02-2021 12:21:30

EXAMINATION PERFORMED : CONTRAST CT SCAN ABDOMEN (UROGRAPHY)

Contrast axial / coronal MPR images through KUB region were evaluated in appropriate window settings on PACS workstation.

REPORT

Right Kidney- Measures 8.8 x 4.3 cm.

Right kidney appear normal in size and outline. No obvious focal lesion, radiodense calculi or hydronephrosis seen. Kidney is showing normal parenchymal contrast uptake in nephrogenic phase and normal contrast excretion in excretory phase. Very minimal perinephric fat stranding noted. Few small subcentrimetric cortical cyst noted.

Right ureter is normal in caliber and course. No radiodense calculi seen in right ureter.

Left Kidney- Measures 10.3 x 4.9 cm.

Left kidney appear normal in size and outline. No obvious radiodense calculi or hydronephrosis seen. Kidney is showing normal parenchymal contrast uptake in nephrogenic phase and normal contrast excretion in excretory phase.

An exophytic simple cortical cyst measuring 46 x 39 mm noted at lower pole of left kidney with no significant internal enhancement, septation, internal or peripheral calcifications. Very minimal perinephric fat stranding noted. Few small subcentrimetric cortical cyst noted.

Left ureter is normal in caliber and course. No radiodense calculi seen in left ureter.

Urinary bladder is distended with diffuse mildly thickened urinary bladder wall. Focal sessile 14 x 13 x 22 mm and 9 x 16 x 13 mm enhancing polypoidal lesion noted at inferolateral aspect of left vesico ureteric junction and along left postero lateral wall of urinary bladder causing significant filling defect in contrast filled urinary bladder. No significant perivesical fat stranding noted. fat planes are maintained with adjacent structures. Lesions are not causing significant compression on left vesicoureteric junction.

No significantly enlarged lymph nodes noted.

Prostate is mildly enlarged in size measures 42 x 41 x 39 mm.

No ascites is seen.

Visualized spine shows degenerative changes.

Atheromatous wall calcifications seen in aorta.

IMPRESSION :

- **EXOPHYTIC LEFT SIMPLE CYST (BOSNIAK TYPE-1).**
- **FEW SMALL SUBCENTRIMETRIC BILATERAL CORTICAL CYST (BOSNIAK TYPE -1).**

Asian Vivekanand Super Speciality Hospital (A Unit of Blue Sapphire Healthcare Pvt. Ltd.), CIN : U74999DL200PTC159674
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asian
VIVEKANAND

SUPER SPECIALITY HOSPITAL

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : CT

Patient Name	: MR. VIRENDRA SINGH	IPD No.	:	
Age	: 70 Yrs 18 Hrs	UHID	:	AVM000041112
Gender	: MALE	Bill No.	:	AVMOP210005196
Ref. Doctor	: DR. PANKAJ GUPTAAsian Vivekanand Hospital	Bill Date	:	18-02-2021 16:47:54
Ward	:	Room No.	:	
		Print Date	:	19-02-2021 12:21:30

• FILLING DEFECT WITH ENHANCING SESSILE POLYPOIDAL WALL THICKENING AT LEFT POSTERO LATERAL ASPECT OF VESICO URETERIC JUNCTION WITH NO SIGNIFICANT PERIVESICAL INVOLVEMENT OR LYMPHADENOPATHY—LIKELY NEOPLASTIC ETIOLOGY—SUGGESTED CYSTOSCOPY CORRELATION.

• MILDLY THICKENED URINARY BLADDER WALL--?CYSTITIS.

• MILD PROSTATOMEGALY (SUGGESTED USG KUB CORRELATION FOR PVR).

• BILATERAL VERY MINIMAL PERINEPHRIC FAT STRANDING.

SUGGESTED CLINICAL CORRELATION.

.....End of Report.....

Prepare By.
TALIB

DR. SHIVAM BHARDWAJ, MBBS, DNB
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

OPD Assessment Form (First visit/Follow-up)

Name : Vivekanand
Age : 70y/m

Present Complaints :

(2 days) X [clo hematuria
- gross
→ clots (+)
(black)

BP (mm Hg) - 150/90 mmHg
Pulse - 128 /min
RR
Ht/Lenth - Sp₂ - 95%
Wt - 71 kg
Pain Score (1-10)

Past / Family History :

⇒ no IVDs
no previous operations

Any Known Allergies
no fever

History Given By :

Clinical Findings :

H7N (+) (Tetm + H)
DM 2 (+) (ecudim (3-4))
on Antiplatelet

USG
→ left 4.5 cm mass
(cystic)

Provisional Diagnosis :

VIR (RAE +)
no pus cells
S/C (1.1)

⊙ PL wall bladder mass
Investigations Advised:

Smoking

(Stopping for 2 days)

S/C (1.0.1)

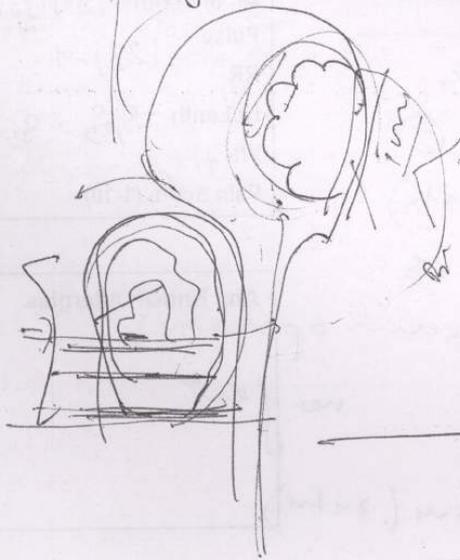
⇒ I G urography (9)

⇒ Plan - TURBT

⇒ Stop cigarette

Advice:

2/



⇒ BP to control

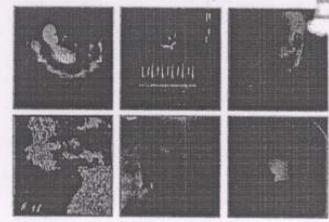
Adm



2 days

- 1) T. Ameyl 2mg BBT
- 2) T. Ondine 5mg 00c food
- 3) A vand metformin x use
- 4) 3 Liter of liquis (dr)
- 5) Plan - TURBT
- 6) contu (AHT)
- 7) C. Urine 4mg HS x 2 day

Signature of Doctor / Consultant: _____ Date: _____ Time: _____



PATIENT'S NAME : VIRENDRA SINGH AGE / SEX 70 Yrs/ MALE
REF. BY Dr. : R.K SINGH SIR DATE 17-Feb-21

ULTRASOUND REPORT

LIVER : Liver is normal in size, & homogenous in echotexture. It is measuring 144 mm in size. Echogenicity of liver parenchyma is normal. Intra-hepatic biliary channels are normal in calibre
GALL BLADDER : Gall bladder is normal in size & shape. Gall Bladder wall is normal in thickness. No evidence of calculus is seen.
C.B.D. & P.V. : C.B.D is normal in caliber. No lithiasis is seen in visualized part of CBD. Portal vein is normal in diameter
PANCREAS : Pancreas is normal in size, shape & echotexture.
SPLEEN : Spleen is normal in size. It is measuring 102 mm.
Rt. KIDNEY : Normal in size, shape & echotexture. It is measuring 92. mm x 39 mm in size. Cortical Echogenicity is normal. Cortical thickness is normal. Cortico medullary differentiation is maintained. No evidence of calculus or hydronephrosis is seen. **Cortical calcification seen in upper pole measuring 4 mm**
Lt. KIDNEY : Normal in size, shape & echotexture. It is measuring 92. mm x 39 mm in size. Cortical Echogenicity is normal. Cortical thickness is normal. Cortico medullary differentiation is maintained. **Exophytic cyst measuring 46x42 mm seen in lower pole.**
PERITONEAL CAVITY : No evidence of free ascites / lymphadenopathy is seen in abdomen
URINARY BLADDER : Normal in size & shape. There is *e/o* a ill defined heteroechoic lesion along left posterolateral wall with internal vascularity measuring 43x21 mm. Circumferential wall thickening measuring 4 mm seen. Pre void urine is 200 cc post void urine is 55 cc is significant.
PROSTATE : Enlarged in size shape and echotexture measuring 47x40x38 mm vol of 39 cc.

IMPRESSION :

**EXOPHYTIC CYSTS IN LEFT KIDNEY
LEFT POSTEROLATERAL URINARY BLADDER MASS LESION WITH
CYSTITIS
GRADE 1 BPH
SUGGESTED : CYSTOSCOPY AND BIOPSY**

Dr. Deepanshu Gupta

MBBS, DMRD
Consultant Radiologist & Sonologist

For Appointment Call :

7879514444, 7879214444, 7500666654

- डिजीटल एक्स-रे, (300 MA Siemens) कलर (डिजीटल) अल्ट्रासाउण्ड, कलर डॉपलर, बायोफिजिकल प्रोफाइल, एन.टी. स्कैन, लेवल 2nd, डायग्नोस्टिक एण्ड थीरापीयूटिक ट्रेनिंग (Pleural, Liver Abscess, Ascitic) इको कार्डियोग्राफी, पूरे शरीर का **सी0 टी0 स्कैन** एवं पैथोलॉजी की सुविधा उपलब्ध है।
- उत्तर भारत की सर्व प्रथम मशीन GE America's Latest Voluson S10 BT 2018 Model के द्वारा **सिटी स्कैन, लेटेस्ट 16 Slice GE America अल्ट्रासाउण्ड की सुविधा उपलब्ध है।**
- यू0 पी0 में सर्वप्रथम सबसे Advance इटली की (My Lab Class Esoate) अल्ट्रासाउण्ड मशीन द्वारा अल्ट्रासाउण्ड की सुविधा।

Report are not valid for medico legal purpose. Impressions are professional opinion not absolute diagnosis

Unit 1 : Vardan Nursing Home, H.No.-2, Near Eid Gah Choraha, Lajpat Nagar, Moradabad Ph. : 0591-2490352, 8218002245 • www.vardannursinghome.bizpa.in
Unit 2 : Vardan Diagnostic Centre, Majholi Delhi Road, Opp. Spring Field College, Near Chaudhary Charan Singh Chowk, ICICI Bank ke Pass, Moradabad-244001



CREST HOSPITAL



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Dr. Rajshekhar Gupta

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UROLOGIST & ANDROLOGIST

Working at:

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SANJAY GANDHI INSTITUTE, Lucknow

S.R.M.S., Bareilly

Member

UROLOGY SOCIETY OF INDIA (USI)

B.P.:

Wt.:

Drug Allergy.:

Name Virendra Singh

Date 22/2/21

Age 70 Sex: M/F

known diabetic
on OHA.

HTN. Telma AMH

had stopped
(Rosuvastatin)
x 7 day

HTO haematuria
recurrent

Rx

meds.

✓ cystoscopy -
TURBT

after evaluation

✓ sup. Tamdura
OHA

✓ continue
antidiabetic
antihypertensive

Adv.

urine Rm: - RBC full field

• Urine R/M

USG: 17/2/21.

B/K kidneys (N)

• Urine C/S

LK - cyst 4.6cm

Spot Urinary A : Cr. Ratio

UB - mass 4.3cm

• CBC

Prostate 3.9cm

• RBS

CECT:

kidney (N)

• Creatinine

LK - cyst

• Na+/K+

UB - 16x13

• Uric acid

14x13 mm Prostate

• Preop Profile

mass left PL wall

• S. PSA

• ECG.

• X-Ray KUB

• USG KUBP & PVR

• IVP

होलमियम लेसर सिस्टम द्वारा मुरादाबाद में पहली बार

MINI PCNL, RIRS, Prostate एवं Stricture के ऑपरेशन ।

Prem Nagar, Kanth Road, P.O. Kazipura, Moradabad, (U.P.)-244001

Appointment No : Mob. :9012222674, 0591-2970694

एक पर्चा सात दिन में दो परामर्श के लिये मान्य है



BrightStar

HOSPITAL

A SPECIALTY HOSPITAL

OPD CARD

Sector 15A New Mohali
Moga 14102
Mobile 987700712 987700071
e-mail info@brightstarhospital.com
brightstarhospital@gmail.com
website www.brightstarhospital.com

Patient Name	M. VIRENDRA SINGH	Age / Sex	Male / 70 Yrs	UHID No.	1667794
Date	02/03/2021 11:40AM	Patient site	BLDCH VIBAR	Token No	1
Payer	SELF PAY			Paid	600.00
Doctor Name	Dr. VIDHURE MBBS, MS, MCh (UROLOGY)				

BP - 140/90
 SpO2 - 98%
 PR - 120
 Temp
 Wt -

Vital Signs
 As Applicable
 RR
 Nutritional Screening
 of applicable
 Fall Risk Screening

History & Examination

Investigations Advised:

Next follow up
 This is an important document, please keep it safe and carry it to your next visit
 OPD prescription is valid for next 5 days.

Pt Name Virendra Singh 70yr R/o
 Buddhi vikar Phase II Mordobed presented
 with c/o Hematuric clots for last 2wks
 (two weeks)
 Kilo DM & HYP on medications
 The pt was evaluated one week in other hospital
 in form of ultrasound suggestive of Exophytic
 cyst in left kidney & an ill defined heterochec
 lesion along lt posterolateral wall with
 internal vascularity measures (4.3 x 21mm)
 circumferential wall thickness measures 4mm seen
 followed by which pt consulted another urologist
 and was advised CT urography which was
 suggestive of focal sessile (4x13x22mm &
 9x16x13mm enhancing polypoidal lesion
 at inferolateral aspect of lt vesicoureteric
 Junction and along lt posterolateral wall of
 urinary bladder causing significant filling
 defect in contrast filled urinary bladder
 The above mentioned findings of USG &
 CT are suggestive of Bladder Tumor
 which needs to be operated as soon
 as possible by TURBT (Transurethral)

Resection of bladder tumor) procedure followed
by which pt will require regular follow ups
& close observation of the hospital.

डा० गिरि किडनी एवं यूरोलॉजी सेंटर

डा० विकास गिरि

M.B.B.S., M.S., M.Ch.

(Urology & Kidney Transplantation)

गुर्दा, प्रोस्टेट, पेशाब की थैली की पथरी व कैंसर सर्जन

पेशाब के समस्त रोगों के विशेषज्ञ

Vicendra Singh .. 70/M 21/2/21

Cl. Hematuria. 5 days ago.

• 1st episode

• Substanced with treatment

CECT KUB

13 X 9 mm 2 ground
on (L) lateral wall
of urinary bladder

NO LUTS

HTN DM, HTN

• on aspirin stopped 5 days ago.

• Non smoking, No alcohol.

• Simple renal
cyst. 46 X 39
(Bosniak type I)

Adv.

• TURBT

• Physician + Cardiology ref + fitness

• T. Nifedipine 100mg ~~QD~~ X 5 days

• T. Sibodal - ~~Δ~~ ~~QD~~ X 5 days

क्लीनिक :- कृष्णा टॉवर, मेडिकल कॉलेज के सामने, गढ़ रोड, मेरठ
समय : प्रातः 9 बजे से प्रातः 11 बजे तक (रविवार अवकाश) । इमरजेंसी के लिए सीधे आनन्द हॉस्पिटल में सम्पर्क करें।

①

TURBT

→ Biopsy

↓ Stage II

Invasive Muscle

↓
Radical Cystectomy
+ dissection

+/- Chemotherapy

① 6 cycles
weekly

↓
BCG

↓
Response 20%

② Maintenance

~~40%~~ 10%

↓ Stage I

Non Muscle Invasive

↓
Conservative

↓
Cystoscopy
every
3 months