

Mr. RAM KARAN CHAURASIYA
 LANKA, VARANASI
 Tel No : 9557766755
 PIN No: 221005
 PID NO: P172100064531
 Age: 70.0 Year(s) Sex: Male



Reference: Dr.R N CHAURASIYA
 Sample Collected At:
 RAGINI SRIVASTAVA
 B31/80-B, NEAR SADBHAVANA
 SHUBHAM HOSPITAL, AHIALYABAI
 COLONY, BHOGABIR, LANKA,
 VARANASI -221005
 221005

TEST REPORT
 VID: 17213710002374
 Registered On:
 01/02/2022 11:37 AM
 Collected On:
 01/02/2022 11:38 AM
 Reported On:
 02/02/2022 03:46 PM

Investigation

Thyroid panel-1
 (Serum, CMIA)

T3 (Total)

Medical Remarks: Please correlate clinically.

< 40.00 ng/dL 64-152

T4 (Total)

Medical Remarks: Please correlate clinically.

3.81 µg/dL 5.0-12.5

TSH(Ultrassensitive)

1.5580 µIU/mL 0.45-4.5

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
 2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

S. Singh
 Dr. Shipra Singh
 M.D (Pathology)
 Page 1 of 2

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VARANASI -221005
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Healthcare Ltd E-21, B1 Mohan Co-op Ind
Estate New Delhi-110044

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Investigation	Observed Value	Unit	Biological Reference Interval
Homocysteine (Serum, CMIA)	12.33	µmol/L	5.46-16.2

Interpretation :

1. Increased levels are seen in deranged VitB12 metabolism and form an independent marker for risk of thromboembolic episodes in coronary artery disease.
2. Levels are also increased in homocysteinuria, various neoplastic diseases like cancers of ovary or breast and Acute Lymphoblastic Leukemia, chronic liver or renal failure post menopausal state, drug usage, and cigarette smoking.

Abbreviation :

CMIA : Chemiluminescence Microparticle Immunoassay

-- End of Report --

S Chopra



NAME: MR. RAMKARAN

MRI-522271,521898

AGE: 70 Y / MALE

REF. BY: DR. V.N.MISHRA

DATE: 18/11/2021

---MRI + MRA BRAIN

Protocol of Sequences: Axial FLAIR + T2WTSE + DW with ADC Maps
Coronal T1WTSE + T2WTSE
Sagittal T1 + T2TSE
MRA 3D TOF
CONTRAST: Not used

Findings: MRI

- A ill defined patchy areas of gliosis are seen at left parietal lobe and left parietal lobes at peripheral location. These areas exhibit hyperintense signals on T2W images and hypointense signals on T1w/ FLAIR images with peripheral hyperintensity at FLAIR images - likely secondary to chronic infarcts. These areas exhibit free diffusion and exhibits hypointense signals on DW images. Overlying sulci are more prominent due to volume loss.
- Few chronic lacunar infarct at bilateral corona radiata
- There is evidence of bilaterally asymmetrical, discrete as well as diffuse T2W / FLAIR white matter hyperintensities are seen in the periventricular region and the centrum semiovale
- There is evidence of generalized bilaterally symmetrical atrophy present at bilateral cerebral hemispheres. There is associated generalized prominence of ventricular system. Bilateral sulcal spaces & basal cisterns are prominent
- There is prominence of anterior subarachnoid space, basal cisterns and sylvian fissure bilaterally.
- Rest of the visualised neuroparenchyma is normal in morphological appearance and signal intensity.
- The basal ganglia, rest of the thalami, brain stem and cerebellum show normal MR morphology and sagittal intensities.
- The pituitary gland is normal in size and shows normal MR signal intensity.

LOW DOSE WHOLE BODY CT SCAN WITH ASIR TECHNOLOGY, NON INVASIVE 5-BEATS CORONARY ANGIO, CAROTID, NEURO & WHOLE BODY ANGIO, BRAIN, & MULTI-ORGAN PERFUSION CT WITH VOLUME RENDERING, PENTA SCAN, VIRTUAL ENDOSCOPY & BRONCHOSCOPY

ULTRA FAST HIGH RESOLUTION WHOLE BODY IMAGING, TIM, FUNCTIONAL, PERFUSION MRI, CSF FLOW, TRACTOGRAPHY, WHOLE BODY MR ANGIO, MRCP, MRS, CAROTIDOMY, RYNO SINUSITIS

CHARAKDIAR

DIAGNOSTIC PVT. LTD.

1.5 T SUBJECT WITH 512 SLICE PLATFORM
 SUPERCON MAGNET 1.5 T ES LAMBDA IN 1.0 T HEAD ATTORNS

Trauma Centre & Superspeciality Hospital

Institute of Medical Sciences
 Banaras Hindu University
 Varanasi 221005 INDIA
 Ph: 0542 266451
 Mob: 9152504128, 9695491333
 E-mail: charakdiar@rediffmail.com

- There is no evidence of any midline shift.
- The soft tissue structures of the face and orbit are essentially normal.

MRA ANTERIOR CIRCULATION

- Left ICA is normal in course, caliber, contour and the branching pattern.
- The left ACA, MCA and PCA are normal in course and branching pattern.
- Right ICA is normal in course, contour and caliber.
- The right ACA, MCA and PCA are normal in course and branching pattern.

POSTERIOR CIRCULATION

- Basilar artery is normal in its course and divides normally into the posterior cerebral arteries
- Both vertebral arteries are normal in course, contour and caliber.

IMPRESSION:

- A PATCHY AREAS OF CHRONIC INFARCTS AT LEFT PARIETAL LOBES.
- FEW CHRONIC LACINAR INFARCT AT BIALTERAL CORONA RADIATA .
- AGE RELATED LEUCOMALACIC CHANGES BILATERALLY WITH MILD TO MILD GENERALIZED CEREBRAL ATROPHY.
- MRA BRAIN REVEALS ESSENTIALLY NORMAL STUDY.

Please correlate clinically and further investigations.

DR. I DAY BHAN SINGH

(D. Radio-Diagnosis)

M.D. (Radio-Diagnosis), M.D. (N.S.) (Europe)

Member of International Radiological Society

(Radiologist) (Radiologist) (Radiologist) (Radiologist) (Radiologist)

This report is NOT valid for medico-legal purposes.
 In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

CT FACILITY

LOW DOSE WHOLE BODY CT SCAN WITH ASR TECHNOLOGY, NON INVASIVE VIBRATS CORONARY ANGIO, CAROTID NEURO & WHOLE BODY ENDO BRAIN & MULTI-ORGAN PERFUSION, 4D CT WITH VOLUME RENDERING, DENTA SCAN, VIRTUAL ENDOSCOPY & ERCP/CHOLANGIOGRAPHY

MRI FACILITY

ULTRA FAST HIGH RESOLUTION WHOLE BODY FODS IMAGING, FM FUNCTIONAL PERFUSION MRI, DTI FLOW TRACTOGRAPHY, WHOLE BODY MR ANGIO MRCP, MRS, CARTIOPAY IN JOINTS DISEASE



(यह सुविधा पं. दीन दयाल उपाध्याय राजकीय चिकित्सालय, वाराणसी केन्द्र के मरीजों के लिये निःशुल्क सी.टी. स्कैन सेवा के अंतर्गत है)

Patient ID 1081129

Age 70 Years

Accession Number 1081129

Referring Physician DR. AMAN KUMAR

Study Date 24-Jan-2024

Patient Name P.M. KARAN

Sex M

Age 70

Study CT HEAD WITH CONTRAST

SECTION OF BRAIN (CT)

Protocol:

Plain CT scan of brain has been done. Axial thin and thick sections have been obtained.

Clinical Brief: lvo right side weakness

Observations:

Ill defined hypodensity is noted involving left ganglio-capsular region s/o acute infarct.

Chronic infarcts are seen in right frontal and left high parietal regions.

Brain stem and both part of cerebrum and cerebellar hemispheres appear normal.

Changes of generalized cerebral atrophy are noted suggested by mild prominence of ventricular system, sylvian fissures, sulcal spaces and sylvian fissures.

IIIrd and IVth ventricles are in midline.

Visualised paranasal sinuses and both orbits appear normal.

Old Reports Provided: /

DRAFT - COPY.

DISCHARGE SUMMARY

Patient Name : SRI RAM KARAN
CHAURASIYA

MRD#: 4582869

Age : 80Y 6D

Sex: Male

Visit Code : IP0001

Ward/Bed No. : 4 B - Neurology Ward-13

Speciality : NEURO MEDICINE

Date of Admission : 30/01/2022

Date of Discharge : 04/02/2022

Consultant : R. N. CHAURASIA

Discharging Status : FOLLOW UP DISCHARGE SUMMARY

DIAGNOSIS :

HTN/ DEHYDRATION/ AKI/ HYPONATREMIA/ CHRONIC INFARCT LEFT PARIETAL
LOBE/ RIGHT HEMIPARESIS/ ABRASION OVER LEFT FOOT

HISTORY :

80 YEAR/MALE PATIENT A K/C/O HTN PRESENTED WITH ALTERED SENSORIUM FOR 3
DAYS A/W DECREASED URINATION , IRRELEVANT TALKS , REDUCED APPETITE

NO H/O CHEST PAIN, PALPITATION
NO H/O HEAD ACHE, VOMITING
NO H/O FEVER, BLEEDING FROM ANY SITE
NO H/O TRAUMA, SIMILAR HISTORY IN PAST

PAST HISTORY :

H/O HTN + FOR 9 YEARS
PATIENT PRESENTED WITH RIGHT SIDED HEMIPARESIS IN SEPTEMBER 2021.
PATIENT ATTAINED INDEPENDENT WALKING IN 2 MONTHS.
NO H/O DM/ OSA/ CAD

PERSONAL HISTORY :

NO ADDICTIONS
VEGETERIAN

FAMILY HISTORY :

NS

CLINICAL EXAMINATION :

PR-158/MIN, IRREGULAR RR- 18/MIN, BP-180/90 MMHG, TEMP- AFEB

CNS EXAMINATION

E4M6V4

MOTOR SYSTEM

BULK B/L SYMMETRICAL

TONE- DECREASED ON LEFT UL/LL

POWER RIGHT LEFT

SHOULDER 4+/5 5/5
 ELBOW 4+/5 5/5
 WRIST 4+/5 5/5
 HIP 4+/5 5/5
 KNEE 4+/5 5/5
 ANKLE 4+/5 5/5
 PLANTARS UPGOING DOWNGOING
 REFLEX
 KNEE ++++
 ANKLE ++ ++
 SUPINATOR ++
 TRICEPS ++
 BICEPS ++
 CVS- S1 S2 HEARD, REGULAR, NO MURMUR
 RS- B/L NVBS HEARD, NO ADDED SOUNDS
 PA- SOFT, NO HSM
 INVESTIGATIONS :

INVESTIGATIONS :

Date: 03/02/2022

Serum Uric Acid	1.4 mg/dl
Blood Glucose Random	118.9 mg/dl
HbA1c CPTHMM-22	5.3 %
PCT	0.161 %
PDW	16.3 %
MPV	12.0 fl
PLT	134 $10^3/\mu\text{l}$
RDW-SD	53.6 fl
RDW-CV	15.3 %
MCHC	31.1 gm/dl
MCH	29.3 pg
MCV	94.0 fl
HCT	27.3 %
Serum Electrolytes Na	144.3 mmol/L
Serum Creatinine	1.1 mg/dl
Serum Phosphorous	1.8 mg/dl
Serum Calcium	8.8 mg/dl
SGPT	20.3 U/L
Total Bilirubin	1.0 mg /dl
Serum Protein	5.7 g/dl
Serum Albumin	3.0 g/dl
Direct Bilirubin	0.4 mg/dl
Serum Alkaline Phosphatase	167.0 U/L
SGOT	23.0 U/L
Serum Electrolytes K	3.9 mmol/L
Serum Electrolytes Cl	112.5 mmol/L
Blood Urea	41.7 mg/dl
HGB	8.5 gm/dl
RBC#	$2.90 \times 10^6/\mu\text{l}$
Bas%	0.3 %
WBC	$9.32 \times 10^3/\mu\text{l}$
Neu#	$7.52 \times 10^3/\mu\text{l}$

	1.24 $10^3/\mu\text{l}$
	0.39 $10^3/\mu\text{l}$
	0.14 $10^3/\mu\text{l}$
Bilirubin	0.03 $10^3/\mu\text{l}$
	0.6 mg/dl
	1.5 %
	4.2 %
	13.3 %
	80.7 %
Date: 01/02/2022	
Glucose	norm mg/dl
Ketone	15
Specific Gravity	1.015 --
Blood	250 --
PH	5 --
Protein	75 mg/dl
Bilirubin	neg mg /dl
Urobilinogen	norm mg/dl
Nitrite	neg --
Leucocyte	500 --
Crystals	urate crystals 5/hpf
Pus Cells	45/hpf
Epithelial Cells	WNL
Others	WNL
RBC	26/hpf
Color	amber
Cast	WNL

CAROTID DOPPLER- few plaques in b/l CCA, right plaque causing significant stenosis

USG abdomen & pelvis- mild hepatomegaly

HOLTER- VPCs with pause of 1.3 sec

T3/T4/TSH= <40/ 3.8/ 1.55

S.homocysteine= 12.3

S.vitamin B12 >2000

2D ECHO - grade 1 D/D

HbA1c- 6

viral markers- negative

MRI brain- chronic infarcts in left parietal lobe. few chronic lacunar infarct at bilateral corona radiata. generalised cerebral atrophy. MRA normal study.

COURSE IN THE HOSPITAL AND DISCUSSION :

Patient was admitted with above complaints. He had hyponatremia, was treated for the same. MRI brain was done to r/o acute stroke. All the investigations were done to r/o any cardiac cause. Holter was s/o VPCs . Cardiology consultation was done for VPCs . He was advised to take beta blockers. wound dressing was done. surgery consultation was done and antibiotics were started. Patient is being discharged in a hemodynamically stable condition. E4V5M6.

ADVICE ON DISCHARGE :

1. Tab Clavix Gold 75/75/20 HS
2. Tab Sartel 40 mg OD
3. Tab Embeta XR 50 mg BD
4. Tab Pantocid 40 mg OD BF

Sir Sunderial Hospital
BANARAS HINDU UNIVERSITY, VARANASI

MRD No:4582869

Name:SRI RAM KARAN CHAURASIYA

3/4

SIGNATURE AND DESIGNATION OF THE
MEDICAL OFFICER-IN-CHARGE OF THE

5. Syrup Carelac 200 30 ml ~~FDS~~ SOS

PHYSIOTHERAPY, BP MONITORING

FOLLOW UP IN 209, AT 9 AM ON WEDNESDAY/ SATURDAY AFTER 2 WEEKS.

Signed By: R. N. CHAURASIA

6. Tab. Zifi-cr 200mg BD x 10 days 1-0-1 X(AF)

21/2/22

Better

now

- RFT/CBL

Rx

Continue same Rx

Ranjan

RAM OF ESSEN
CIVIL

(To be Com)

BILL OF SUPPLY

Bill No.	: GHXTBL/23021913	Bill Date	: 09/07/2022 10:29
Patient ID	: MM02334234	OPD No.	: /
Gender / Age	: 78Y 6M 8D / Male	Visit Date	:
Patient Name	: Mr. Ram Karan Chaurasia	Consulting Doctor	:
Patient Address	: Sitapur, Sadaha	Patient Phone	: 9459929241
Clinic	:	Billing Group / Corporate :	: CASH PAYMENT
SAC CODE	: 9993	Patient DOB	: 01/01/1944
Employer	:		

Registration Charges
Registration Charges

ADAD000002-Registration Charges

HSN/SAC Code	Qty	Total
999312	1.00	200.00
Total		200.00
Net Payable		200.00
Bill Outstanding		0.00

BILL AMOUNT:

INR Two Hundred And Paise Zero Only

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 Vijay Bhardwaj
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Patient Name	: Mr. Ram Karan Chaurasia	Consulting Doctor	: Dr Rajneesh Kapoor
Patient Address	: Sitapur, Sadaha	Patient Phone	: 9459929241
Clinic	: Cardio Clinic	Blng Group / Corporate :	: CASH PAYMENT
SAC CODE	: 9993	Patient DOB	: 01/01/1944
Employer	:		

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Consult Visit Charges			
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Total			1500.00
Net Payable			1500.00
Receipt			1500.00
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Bill No.	: GHXTBL/23033040	Bill Date	: 26/08/2022 10:48
Patient ID	: MM02365883	OPD No.	: /
Gender / Age	: 78Y 7M 25D / Male	Visit Date	:
Patient Name	: Mr. Ram Karan Chaurasia	Consulting Doctor	:
Patient Address	: Setapur Sadaha,Pratapgarh,Up	Patient Phone	: 9557766755
Clinic	:	Billing Group / Corporate :	: CASH PAYMENT
SAC CODE	: 9993	Patient DOB	: 01/01/1944
Employer	:		

Registration Charges

Registration Charges

ADAD000002-Registration Charges

HSN/SAC Code	Qty	Total
999312	1.00	200.00
Total		200.00
Net Payable		200.00
Receipt		200.00
GHXTRC/23026292/26-AUG-22(By Cash)		200.00
Bill Outstanding		0.00

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Patient ID	: MM02365883	OPD No.	: 19192115/1
Gender / Age	: Male / 78Y 7M 25D	Visit Date	: 26/08/2022 10:48
Patient Name	: Mr. Ram Karan Chaurasia	Consulting Doctor	: Dr Rajneesh Kapoor
Patient Address	: Setapur Sadaha,Pratapgari, J	Patient Phone	: 9557766755
Clinic	: Cardio Clinic	Blng Group / Corporate :	: CASH PAYMENT
SAC CODE	: 9993	Patient DOB	: 01/01/1944
Employer	:		

	HSN/SAC Code	Qty	Total
Admin Charges			
Consult Visit Charges			
ADVC000032-First Consultation Charges	999312	1.00	1500.00
	Total		1500.00
	Net Payable		1500.00
	Receipt		1500.00
	GHOPRC/23188163/26/08/2022 10:49(By Cash)		1500.00
	Bill Outstanding		0.00

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