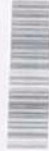




**SETH ANANDRAM  
JAIPURIA SCHOOL**

**EMPOWER - ENTHUSE - EXCEL  
TARNA, VARANASI**

2023-24



IX-B

Name: NAVYATA VERMA  
Adm. No.: SAJS/ADM/1812  
D/o: RAJAT VERMA  
Mob. No.: 8265968686  
Date of Birth: 21-10-2009  
Student Type: New Student  
Blood Group: O+  
House: GANGA  
Address: J-5/1, JUDGE COMPOUND, VARANASI

*Self attached  
By [Signature]*

Principal

☎ 0542-2623999 ☑ 6388906900/6388906901

School Address: Shivpur Tarna, Varansi

Visit: [www.jaipuriaschoolsvaranasi.com](http://www.jaipuriaschoolsvaranasi.com)



# SETH ANANDRAM JAIPURIA SCHOOL, VARANASI

Parent Copy

Near Vyasi Bagh, Airport Road, Tarna Varanasi

Contact No : 0542-2623999 Email : www.jaipuriaschoolsvaranasi.com

Website : www.jaipuriaschoolsvaranasi.com Affiliation No. :

## FEE RECEIPT [2023-24]

Receipt No. : SAJS/2023-24/FEE/5516 Date : 25-10-2023  
Name of the Student : NAVYATA VERMA Father's Name : RAJAT VERMA  
Class & Section : IX-B Admission No. : SAJS/ADM/1812

S.No.	Description	Due	Concession	Paid Amount	Balance
1	Tuition Fee/Composite Fee (October 23, November 23, December 23)	17970	0	17970	0
2	Transport Fee (October 23, November 23, December 23)	5850	0	5850	0
3	LATE FINE	300.0	0	300.0	0.0
	Total	24120	0	24120	0

### Pay Mode Information

Sr. No.	Pay Mode	Bank	Number	Date	Amount
1	Debit/Credit Card				24120

Remarks :

Total in words : **Twenty Four Thousand One Hundred and Twenty Rupees Only** Total : 24120

NOTE : 1. Fees can be paid in cash/cheque. Rs.500/- will be charged as penalty on a cheque bounce and only cash will be accepted after that.

ARSHI FATIMA 25-10-2023 14:38  
Signature

*self attested*

*[Handwritten Signature]*



INSTITUTE OF MEDICAL SCIENCES & S S HOSPITAL, B.H.U., VARANASI  
 CASE SUMMARY & DISCHARGE RECORD

Name of Patient: Adarsh Verma 12/1/11

Date of Admission: 2/6/23 Date of Discharge: 08/06/23

CHIEF COMPLAINT & RELEVANT HISTORY: Anemia / ALL Compensated

PHYSICAL FINDINGS: Anemia Depression / Insomnia SMO? (unformed)

INVESTIGATIONS & LABS: Vitals on Admission At discharge

TREATMENT: BP 118/74 mmHg PR 40/min SpO<sub>2</sub> 99% At discharge BP 102/72 mmHg PR 86/min SpO<sub>2</sub> 92%

OPERATION: Investigations 7/6/23

BIOPSY REPORT: Hb - 12.35 g/dl TLC - 8580/mm<sup>3</sup> PLT - 150K. At discharge Hb - 11.3 g/dl TLC - 5650/mm<sup>3</sup> PLT - 144K

FINAL DIAGNOSIS: MCV - 108. AST/ALT - 19/14.33 ALP - 111. Self attached

RESULTS: TP/Alb = 5.9/3.7 TB/DB = 0.5/0.4 urea/crea = 45/2.37 Nq/K - 135/4.3

INSTRUCTIONS TO THE PATIENT: RBS - 80 At discharge AST/ALT - 39/18 ALP - 88 TP/Alb - 5.7/3.4 TB/DB - 0.3/0.1 urea/crea - 23/1.09 Nq/K - 139/4.93

Signature

आप उपरवा के 'पॉलिन/छुटी के समय बिचिनवा अपिलनों की पतिलिपि के हकदार हैं।  
 You are entitled for copy of Medical records at the time of discharge / end of treatment.



FOLLOW UP RECORDS

NOTES

- Tramadol P 1 TDS x 7 days  
 - Gabapentin 1 RD x 7 days  
 - Pantocid 17 1 BNF x 15 days  
 - Syst. Muciferol 0 2TB TDS x 15 days  
 - Syst. loopy (omel) 500 (CF 2-3)  
 - Clonazepam 0.5mg 1 500  
 - T. Floxart 0.4mg 1 HCS x 7 days  
 - LCIN 500mg 1 OD x 7 days

on Monday / Friday  
 after 7 days

on Monday  
 Report

self attested  
 [Signature]

1 (M)

Pt Name: Mrs. ADARSH VERMA  
Age/Sex: 78 Y O M O D /Female  
Referred By: Dr. Self

Req Date: 11 May 2023  
Report Date: 11 May 2023  
Lab No: 011305110023

## CECT ABDOMEN & PELVIS

**Clinical:** Plain & contrast axial CT scan of abdomen and pelvis has been performed as per request.

### THE STUDY REVEALS -

- Liver is normal in size & shows diffuse subtle surface irregularity. No focal lesion. No (HBBT).
- GB is normally distended. Wall thickness is normal. No calculus. Pericholecystic fluid noted.
- CBD is normal.
- Spleen is normal in size, shows normal contrast enhancement. No focal lesion.
- Pancreas is normal in size, shows normal contrast enhancement. No focal lesion.
- Bilateral adrenals are normal.
- Both kidneys are normal in size, shape & normal attenuated pattern. No perinephric fluid noted.

A calculus of size 8mm (average HU 900) is seen at left VUJ without significant upstream obstructive changes.

Small intraluminal lipoma of size 8mm is seen in the 2<sup>nd</sup> part of duodenum. No secondary complications.

- Bilateral ureters are normal in course and calibre.
- Urinary bladder is distended.
- Uterus and ovaries are post menopausal and atrophic.
- Diffuse circumferential long segment wall thickening with mural stratification is seen involving distal ileum with associated focal short segment narrowing and kinking of ileal loop in the pelvis. Perienteric fat stranding noted with associated prominent vasa recta. There is resultant upstream dilatation of small bowel loops containing air fluid levels, suggestive of possible low grade obstruction > Adynamic ileus.
- No evidence of significant lymphadenopathy.
- Mild ascites is noted.
- Mild atherosclerotic wall thickening with calcified plaque seen in abdominal aorta and iliac artery. No significant stenosis or obvious filling defect.
- Visualized lower chest sections appear normal.
- Degenerative changes are seen in the visualized lumbar spine.

Self attested  
Dr. [Signature]



Pt. Name: Mrs. ADARSH VERMA  
Age/Sex: 78 Y O M O D /Female  
Referred By: Dr. Self

Reg Date: 31-May-2023  
Report Date: 31-May-2023  
Lab No: 012305310023

(\*\*2\*\*)

**IMPRESSION-**

- Diffuse circumferential long segment wall thickening with mural stratification involving distal ileum with associated focal short segment luminal narrowing and kinking of ileal loop in the pelvis, perienteric fat stranding with associated prominent vasa recta (comb sign) & upstream dilatation of small bowel loops containing air fluid levels, suggesting possible low grade obstruction > Adynamic ileus. Features are more in favor inflammatory etiology (inflammatory bowel disease (Crohn's disease). Second less likely possibility is of tubercular infective etiology in view of ascites. Suggested clinical -lab correlation (ascitic fluid analysis if clinically indicated).
- Mild ascites.
- Left VUJ calculus without significant upstream obstructive changes.
- Diffuse subtle hepatic surface irregularity, suggestive of chronic liver parenchymal disease with possible early cirrhosis.

→ Please correlate clinically.

Note - For referring Doctors any report related query & information please contact (7311187273).

**Dr. Abhijeet Ghaytidak**  
MBBS, MD, DNB, FRCR (UK), FDIR (Radio-Diagnosis)  
Fellowship in musculoskeletal radiology  
Consultant Radiologist  
(Lata Memorial Centre Mumbai)

**Dr. Ishwar Savkare**  
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Consultant Radiologist  
(KEM H. Mumbai)

**Dr. Urva Patel**  
MBBS, MD, (Radio-Diagnosis)  
Consultant Radiologist  
(Ex CL associate PD Hinduja Hospital, Mumbai)

Disclaimer: This report is not valid for medicolegal purpose. It is only for diagnosis & management of disease condition. In case of typographic error kindly communicate within 24 hour. Clinical correlation is advised for final diagnosis.  
Transcribed by - Mr. Ajay Patel

*Self attested*  
