

From,
Farrukh Inam Siddiqui
Additional District Judge/
Full Time Secretary, DLSA District Court
Chitrakoot.

To,
The Registrar General
Hon'ble High Court
Allahabad.

Through,
The District Judge
Chitrakoot.

Subject:- Representation for Transfer.

Sir,

Most humbly it is submitted that I have been working as ADJ/ Secretary DLSA Chitrakoot since 27.01.2023 in consequent to the Notification No. 95/ Admin. (Services)/ 2023, Dated: Allahabad: January 21, 2023 of the Hon'ble Court.

In this regard, I have to submit most humbly that-

1. My father Shri Inamullah Siddiqui is suffering from 'CKD and Renal Disease' and his treatment is undergoing from Lucknow, for which has to medically supervised constantly. My mother Smt. Atiya has severe problem in spine and knees because of which she is very much confined to the bed only. They both needs constant medical support and supervision. **(Annexure No. A1 – A-9).**
2. I have to submit most humbly that in the recent past, during covid pandemic, my wife was seriously affected by the same and had to struggle for her survival. Though anyhow she survived, but is very unsound state of health. She needs complete bed rest and regular monitoring to handle several post covid problems. **(Annexure No. B1 – B-9).**
3. I have also to submit most humbly that my daughter Ariba is pursuing her LLB Hons., studies from Unity Degree College Lucknow. Besides this, she has been diagnosed 'ovarian cyst' and requires constant medical treatment which is running under supervision of Dr. Archana Kanodia. Since at District Chitrakoot neither any institute for higher studies nor any medical facility of such standard is available and considering her ailing condition, company of family is very much required to her. **(Annexure No. C). 1 to 11)**

Therefore, under these circumstances, I request Hon'ble Court with

02

folded hands that future of my entire family is at stake and my transfer to a district where required medical and educational facility is available, will be a great act of benevolence for my family. I request most humbly to transfer me from District Chitrakoot to Lucknow, ^{Nagar} Kanpur, Barabanki, Sitapur, Basti, Rae Barelley, Aligarh, Varanassi so that in case of need, proper treatment and support may be provided to the family without loss of time.

Therefore, I request your goodself to please be kind enough to place my representation before the Hon'ble Court for kind consideration.

I shall be very thankful to Hon'ble Court to this kindness.

With deepest regards,

Yours' Faithfully

Farrukh Inam Siddiqui
(Farrukh Inam Siddiqui)
Additional District Judge/
Full Time Secretary DLSA, District Court
Chitrakoot.
UPID 1748

Letter No. 16 // / / Admin. Section / D.J./ Chitrakoot/ Date: 18 Dec., 2023

FORWARDED

Vikas Kumar 18.12.23 .
DISTRICT JUDGE
CHITRAKOOT.

Dr Mufazzal Ahmad

MD (Medicine), DNB (Nephrology), DM (Nephrology),
MNAMS, FICN (Canada), FIKT (Canada)

Consultant Nephrologist & Kidney Transplant Physician

- Ex Assistant Professor, Nephrology, SGPGIMS, Lucknow
- Ex Clinical Fellow, Department of Nephrology, University of Toronto, Canada
- Ex Kidney Transplant Fellow, Department of Multi-organ Transplantation, University of Toronto, Canada

Patient: - Inamullah Siddiqui Age: 60 years, Gender - Male ID: 11025328, Date: 17.7.2013

Wt:-71.4 kg, BP 110/70 mm of Hg

Diagnosis:-

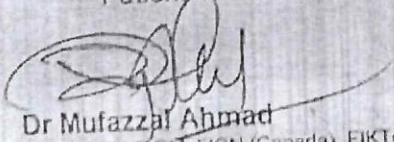
- Long standing diabetes Mellitus
- Hypertension
- CKD stage 3 cause Diabetic Nephropathy with left renal cortical simple renal cyst
- Recurrent Hyponitremia

Rx:-

Diabetic renal diet as advised

1. Tab Dytor 5 mg po once daily
2. Tab Benitec-H 20 mg po onc edaily after breakfast
3. Tab Embeta XR 25 mg po onc edaily after breakfast
4. Tab Ecosprin AV 75 mg po once daily after breakfast
5. Tab Gemer-2 onc edaily after breakfast

Patient can be taken for florscin angiography with high risk consent


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MD, DNB, DM, FICN (Canada), FIKT (Canada)
Consultant Nephrologist and Kidney Transplant Physician

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- Ex Kidney Transplant Fellow, Department of Multi-organ Transplantation, University of Toronto, Canada

Patient: - Inamullah Siddiqui Age: 60 years, Gender: - Male ID: 11025328, Date: 13.11.2015

Wt:-71.4 kg, BP 110/70 mm of Hg

Diagnosis:-

- Long standing diabetes Mellitus
- Hypertension
- CKD stage 3 cause Diabetic Nephropathy with left renal cortical simple renal cyst
- Recurrent Hyponitremia

Rx:-

- Tab Ultracet half tab as and when needed for pain
- Review with reports of CBC, S Creatinine, Na/K, Ionic calcium, S Phosphorus, Intact PTH, S Uric acid, Urine R/M, HBA1C, PSA (total), TSH, HBsAg



Dr Mufazzal Ahmad

MD, DNB DM, FICN (Canada), FIKT(Canada)
Consultant Nephrologist and Kidney Transplant Physician

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RADIUS JOINT SURGERY HOSPITAL

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NIH-2/2 Vishesh Khand-2, Gomti Nagar, Pickup Wall Road, Side Lane Chaheed Path, Lucknow

Speciality Hospital For Joint Replacement, Reconstruction and Arthroscopic Surgery

Dr. Sanjay Kumar Srivastava
(M.S. Ortho)
Reg. No. : 34031 MCI
Orthopaedic Surgeon and Joint Specialist
Member of American Academy of Orthopedic Surgeon

Patient Name :- **ATIYA**
UHID No. :- **RJS-23814**

Age/Gender :- **61 Y/FEMALE**
Visit Date :- **24/04/2016, 3:35 PM**

RELEVANT PAST HISTORY / TREATMENT

ALLERGY :

PRESENTING SYMPTOMS WITH DURATION :

PHYSICAL EXAMINATION :

PROVISIONAL DIAGNOSIS :

TREATMENT ADVISED :

OAC - AL

*LSR
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of 7th Acromioclavicular Jt*

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Saturday & Sunday Closed

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for Appointment : 7704807221 7704807222
Website : www.radiusjointsurgeryhospital.in e-mail : radiusjointsurgery@gmail.com

अपॉइन्टमेंट 7-10 दिन पूर्व लें।

Not For Medical Legal Purpose

Dr. Mazhar Husain, M.B., M.Ch.
Chief of Neurosurgery,
Sahara Hospital,
Ajaj Khanda, Gomti Nagar, Lucknow
Former Prof. & Head Dept. of Neurosurgery
King George's Medical College Lucknow



Clinic : 2/182 Vishwas Khand,
Gomti Nagar, Lucknow-226010
Phone : (0522) 6780001 (Sahara)
(0522) 2308077 (Clinic)
09901921945 (Clinic)
E-mail : mazharhusain@hotmail.com

5-9-2019

For, Mrs Ati Inam

Spondylolisthesis
L4-5
with OA. both knee

Adv
Exercises
Std. Exercises

Adv
Surgery of knee replacement
Surgery for spine
can be done
M.

पता:- 2/182, विश्वास खण्ड, गोमती नगर, लखनऊ फोन-(0522) 2308077
सोमवार से शुक्रवार-सायं 0.00 से 9.00 बजे, एवं हटवार-भातः 10.00 से दोपहर 2.00 बजे शनिवार अवकाश

यहाँ इमरजेंसी सुविधा उपलब्ध नहीं है।

Dr Mufazzal Ahmad

MD (Medicine), DNB (Nephrology), DM (Nephrology),
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- Ex Assistant Professor, Nephrology, SGPGIMS, Lucknow
- Ex Clinical Fellow, Department of Nephrology, University of Toronto, Canada
- Ex Kidney Transplant Fellow, Department of Multi-organ Transplantation, University of Toronto, Canada

Patient: - Inamullah Siddiqui Age: 60 years, Gender:- Male ID: 11025328, Date 5/11/2011

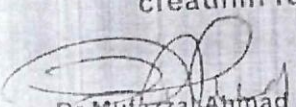
Wt:-74.6kg, BP 110/70 mm of Hg

Diagnosis:-

- Long standing diabetes Mellitus
- Hypertension
- CKD stage 3 cause Diabetic Nephropathy with Cortical simple renal cyst at left kidney
- Altered sensorium cause Severe hyponitremia with Septicemia cause right pneumonia (recovered)
- Chronic Hyponitremia recovered

Rx:-

1. Diabetic renal diet as adviced
 2. Tab Benitec-H 20 mg po onc edaily after breakfast
 3. Tab Embeta AM 5/50 mg po onc edaily after breakfast
 4. Tab Ecosprin AV 75 mg po once daily after breakfast
 5. Tab Gemer-2 onc edaily after breakfast
 6. Tab Shelcal 500 mg po on cedaily atbedtime
 7. Cap Coabdex forte on cedaily after breakfast
- Review after 3 months with reports of CBC, S Cr, Na/K, Urine R/M, spot urine protein creatinin ratio


Dr Mufazzal Ahmad

MD, DNB, DM, FICN (Canada), FIKT (Canada)
Consultant Nephrologist and Kidney Transplant Physician
Sahara Hospital, Gomti Nagar, Lucknow



KING GEORGE'S MEDICAL UNIVERSITY

DEPARTMENT OF ORTHOPAEDIC SURGERY

Gandhi Memorial & Associated Hospital

6th Floor, Shatabdi Hospital Phase-II, Lucknow- 226003

Ref.

Date: 15/10/22

M. Anil Siddiqui

Vide.

Dr. Jay Kumar Singh, Professor

Magnetic

- to Al Pragera m 1000

- to Juvana ph 1000

- to Sheldal x1 1000

- to Ultrast 1000 ei

- by Bommata s/c daily X-ray

↓
↓



KMC DIGITAL HOSPITAL

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further Touch Human care



Rx

Patient Name	ATIYA SIDDIQUE	Patient ID	
Age/Sex	66 Yrs. / MALE	Date	2-Sep-Date:.....
Ref Doctor	SUNIL MISHRA		

MRI STUDY OF LUMBO-SACRAL SPINE

Scoliosis of lumbar spine with concavity towards right side seen.
 Anterior and posterior marginal osteophytes noted in peridiscal margins at multiple levels.
 Intervertebral discs reveal loss of normal signal intensity on T2W images suggesting of desiccation.
 Well defined T1/T2 hyperintense lesion, with fat suppression seen in L3 vertebral body --- suggestive of Hemangioma.
 At D10-11 bilateral ligamentum flavum thickening seen.
 At L1-2 and L2-3 diffuse disc bulge with posterocentral disc protrusion seen causing indentation over thecal sac.
 At L3-4 and L5-S1 diffuse disc bulge seen indenting thecal sac, however no nerve root compression or spinal canal stenosis noted.
 Grade I antero-listhesis of L4 over L5 with bilateral facet joint arthropathy and ligamentum flavum thickening with diffuse disc bulge seen causing mild spinal canal stenosis with bilateral neural foraminal narrowing and compression of bilateral L4 exiting nerve roots.
 Altered signal intensity which is hyperintense on T2/STIR and hypointense on T1WI seen in posterior lumbar subcutaneous region --- suggestive of Posterior lumbar subcutaneous edema.
 Rest of the lumbar vertebral bodies and intervertebral discs show normal signal intensity.
 The visualized pre and paravertebral soft tissues are unremarkable.
 The conus medullaris terminates at the L1 level and the thecal sac terminates at the S2 level.
 Bilateral sacro-iliac joints appear normal.

The antero-posterior dimensions of the lumbar canal at the level of the intervertebral discs are as follows

	<u>AP</u>	<u>TRANSVERSE</u>	<u>AREA</u>
L1 - L2	14	16	224 SQ. MM
L2 - L3	13	16	208 SQ. MM
L3 - L4	14	15	210 SQ. MM
L4 - L5	7	8	56 SQ. MM
L5 - S1	11	14	154 SQ. MM



KMC DIGITAL HOSPITAL

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IMPRESSIONS:

MRI Lumbo-sacral spine reveals lumbar spondylosis in form of osteophytes formation, disc dessication, WITH

- Scoliosis of lumbar spine with concavity towards right side seen.
- Well defined T1/T2 hyperintense lesion, with fat suppression seen in L3 vertebral body --- suggestive of Hemangioma.
- At D10-11 bilateral ligamentum flavum thickening seen.
- At L1-2 and L2-3 diffuse disc bulge with posterocentral disc protrusion seen causing indentation over thecal sac.
- At L3-4 and L5-S1 diffuse disc bulge seen indenting thecal sac, however no nerve root compression or spinal canal stenosis noted.
- Grade I antero-listhesis of L4 over L5 with bilateral facet joint arthropathy and ligamentum flavum thickening with diffuse disc bulge seen causing mild spinal canal stenosis with bilateral neural foraminal narrowing and compression of bilateral L4 exiting nerve roots.
- Posterior lumbar subcutaneous edema.

Chetan Garg

DR CHETAN GARG
MBBS, DNB
Consultant Radiologist
RMC REG NO :- 31607

ARYAVART MRI CENTRE

GORAKHPUR, U.P.
Phone: 0551-2340723 Fax: 0551-22011522

DXA Bone Densitometry Report: Thursday, September 29, 2022

Dear DR TIJU SULTAN,

Your patient SIDDIQUE ATIA completed a BMD test on 9/29/2022 using the Lunar DPX DXA System (analysis version: 13.46) manufactured by GE Healthcare. The following summarizes the results of our evaluation:

PATIENT BIOGRAPHICAL:

Name:	ATIA, SIDDIQUE	Birth Date:	9/29/1956	Height:	60.0 in
Patient ID:	B22129-11	Exam Date:	9/29/2022	Weight:	154.0 lbs
Gender:	Female	Fractures:		Treatments:	
Indications:					

ASSESSMENT:

The BMD measured at AP Spine L1-L4 is 0.874 g/cm³ with a T-score of -2.6 is low. Fracture risk is high. A follow up DXA test is recommended in one year to monitor response to therapy.

Site	Region	Measured Date	Measured Age	WHO Classification	Young Adult T-score	BMD
AP Spine	L1-L4	9/29/2022	66.0	NA	-2.6	0.874 g/cm ³

World Health Organization (WHO) criteria for post-menopausal, Caucasian Women:

Normal: T-score at or above -1 SD
 Osteopenia: T-score between -1 and -2.5 SD
 Osteoporosis: T-score at or below -2.5 SD

RECOMMENDATIONS:

Mild to aggressive therapies are available in the form of Hormone replacement therapy (HRT), bisphosphonates, Calcitonin, and SERMs. Additionally, all patients should ensure an adequate intake of dietary calcium (1200 mg/d) and vitamin D (400-800 IU daily).

FOLLOW-UP:

People with diagnosed cases of osteoporosis or osteopenia should be regularly tested for bone mineral density. For patients eligible for Medicare, routine testing is allowed once every 2 years. The testing frequency can be increased to one year for patients who have rapidly progressing disease, or for those who are receiving medical therapy to restore bone mass.

Based on these results, a follow-up exam is recommended in September 2023

IMPRESSION:

- THE BMD VALUES FOR AP SPINE SHOW OSTEOPOROSIS. FRACTURE RISK IS HIGH.
- THE BMD VALUES FOR DUAL FEMUR SHOW OSTEOPENIA. FRACTURE RISK IS MODERATE.
- THE BMD VALUES FOR LEFT FOREARM SHOW OSTEOPOROSIS. FRACTURE RISK IS HIGH.

Q.1
B.1



SHARDA NARAYAN HOSPITAL
COMMITTED TO CARE WITH COMPASSION

Mrs. Sauma

Vertigo & fatty
degeneration

Rx. Avastin 1500 mg (10)
Fosf (10)
Sp Heptogorin (1)

↪



15/01/2023
YKS/FEMALE

OPD / 1711
P.N. Saitan

REF BY: Dr. Saunav Singh (MD)

ULTRA SOUND BILIE ABDOMEN (FEMALE)
DESCRIPTION

Polysped for size of 2 mm, with Grade I amp changes

No focal lesion.

Intra hepatic biliary radicles not dilated.

Normal in distension and wall thickness.

No sizeable calculus or mass lesion.

CTMP normal in course, caliber & clear in visualized region.

Normal in size, shape and echogenicity.

No sizeable mass lesion.

Major Pan-creatic duct not dilated.

Normal in size, shape and echogenicity.

No focal lesion.

Splenic vein at hilum is normal caliber.

No sizeable retroperitoneal lymphadenopathy in visualized region.

Visualized segment of aorta and IVC normal.

Normal in size, shape, position and echogenicity.

Concomitantly differentiation preserved.

Pelvic/vesical system not dilated.

Eso- A tiny concretion (of size 04 mm) is seen in right kidney.

No calculus or mass lesion.

Bilateral ureter not dilated.

Normal in size, shape & distention. No calculus or mass lesion.

Post-removed.

Retroperitoneum

Bilateral Kidney

Spleen

Pancreas

Small Bowel

Liver

Gallary Bladder

Lymph

IMPRESSION:-

Hepatomegaly with grade I fatty liver As described.

All these correlate clinically.

PREPARED BY: ARPANA

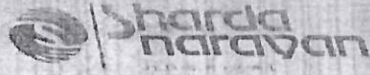
Kindly Note

Dr. S. Shubh
MD Radio-1711

This is done to prevent typing mistakes and avoid the report for correction within 7 days
of report of histological diagnosis is based on the interpretation of various studies produced by both the normal and
abnormal and change accordingly. Further biochemical and histological investigation & clinical correlation is required
to reach the final diagnosis.

The report and films are not valid for medico legal purpose.

43
B3



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NAME	MRS SHAIMA	AGE/SEX	46Years/F
ID	1635	DATE	15 Jan 2023
REFERRED BY	DR SANJAY SINGH.MD	MODALITY	CT

CT - HEAD

SUPRATENTORIAL REGION:

- Bilateral cerebral hemisphere normal in CT density
- Cortical sulci and sylvian fissures over both cerebral hemispheres are prominent
- Both lateral ventricles and third ventricle is prominent.
- No midline shift is noted.
- B/L Basal ganglia, thalami, internal capsule are normally seen.

POSTERIOR FOSSA REGION:

- 4th ventricle is normal and seen in midline.
- Cerebellar hemispheres, vermis and brain stem are grossly normal.

IMPRESSION:

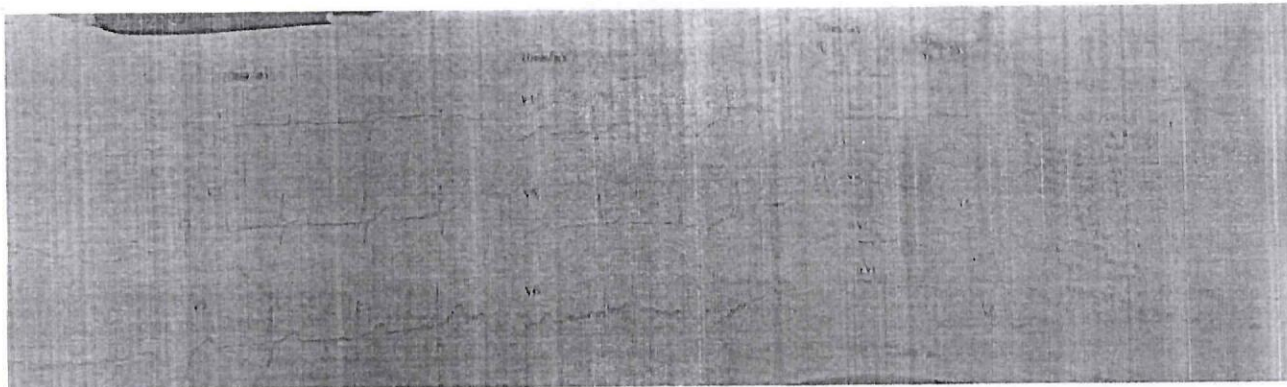
RIGHT MAXILLARY SINUSITIS
DIFFUSE CEREBRAL ATROPHY.

AD:- Clinical correlation.



Dr. Rajeev

13/4



e-5
13/5



VEDANTA HOSPITAL

(A unit of Vedanta Charitable & Private Trust)

बिलरियागंज मार्ग, लखियामपुर, आजमगढ़ (उ०प्र०)

e-mail : shishir.vedanta@gmail.com, web : www.vedantahospitals.com

DISCHARGE SUMMARY

Discharged Ordered Time.....

Patient Name..... Mrs. Sanyama..... Age/Sex..... 43 yrs / F

UHID/IP No. 1289..... Date of Admission 15-05-21..... Date of Discharge 30-05-21

Date of Procedure..... None..... Consulting Doctor Dr. Shishir Jaiswal (MD)

Contact Address..... Judges colony Mau

1. Final Diagnosis : Covid pneumonia & Respiratory distress
& Pulmonary & Systemic sepsis

2. Chief Complaint : K/clo - covid 19 @ me and previous admitted in Govt hospital Azamgarh on 29.04.21

H/O - Sensation of chest pressure
Report and patient discharge on 15-05-21 from Govt Hospital to us on 15-05-21 @ severe
BP - 130/80 mmHg pulse - 70 B/min
SpO2 - 94% (at 12-14 ltr flow O2-gas (O2 at 12-14 ltr flow O2-gas (1702 75-80%) during Admission @ & full body aches & myalgia - feeling of burning sensation in all over body & dryness of oral cavity)

B. b

4. Investigation Done :

11/20/21
As per doctor's advice

Hb - 14.2
 TLC - 11800
 Neutrophil - 92%
 Lymphocytes - 5%
 HbA1c - 5.91%
 S Aest time - 138.9
 Pro-calcitonin - 0.081
 CRP - -ve
 D-Dimer - Negative

23-05-21

5. Procedure/ Treatment Given : *Conservative*

Hb . 12.8
 TLC 8,800
 DLC 83,13,04,00
 ESR 24
 RBS 148.0

PT
 Control - 14.0
 Test - 20.0
 INR - 1.4

CRP - 6.5
 B. Urea - 39.0
 Si. Creatinine - 1.0
 Si. Bilirubin - 1.0
 SGPT - 21.0
 SGPT - 21.0
 Na+ - 134.
 K+ - 4.5
 Ca++ - 8.9

On at the Time of Discharge : Improving

6.6 - 120/80/110
 Pulse 93b/min
 SpO2 92%

05-21
 200mg/alt at 7:00 AM

Medication Advice (Please use CAPITAL LETTER for Medicine)

DRUG	DOSE	ROUTE	FREQUENCY
Tab Lisinavel 625mg	1-30	PO	PO
Tab Lact 650mg	0-5-0		
Cap Vedprol 150	1-30		
Syr Vedprol 3TST	TOS		
Tab Mucenac 600mg	0-0-0		
Tab Perfined 200mg	0-0-0		
Tab HistaKend -M 120mg	1-30 0-0		
Syr Herbeline 3TST	4DS		
Tab Flugard 400mg	0-0		
10 Steam inhalation 2	Cap Karvalplus		-8hourly
11 नीमस + पिपलही + आलवाइन का	पानी गर्म	मिलाकर	अंतर करे)
12 -to Xabiam 10mg	1-30		
13 -3 Prevaldol	1-30		
14 -to Nitrolog 20	0-0		
15	Continued = Yes patient exercised		

8. Diet :

9. Special Instruction : Prevention / Restriction / any other advice :

10. Follow up date : after 10 days

In case of Emergency situation / expected Risk like.....

Please contact :

7376155555

Doctor's Signature with Full Name

eod
B-8

GMC & Super Facility Hospital

Azamgarh (U.P.)

Department of..... ICU-1

DISCHARGE - SLIP

Clinician Incharge..... Dr. Ananta Jaiswal JR.I

JR.II.....

JR.III.....

Pts. Name..... Sayema Age/Sex 43/F Waed/Bed

Address..... Judge colony, Mau
Main kotwali B.H.T. No. :

Date of Adm. 29/04/21 Date of Discharge 15/05/21

Result..... improve & discharge Date of Operation

Final Diagnosis

COVID - 19 positive → COVID 19 - ve.
Operation Performed (15/05/20)

Others: S. Ferritin 138.9 ng/ml, PTH-related protein 0.08 ng/ml

Special investigation (i) Histological Abs. Neutrophils 11.1 thou/mm³
 Abs. Lymphocytes 0.4755 thou/mm³
 (ii) Radiological D-dimer negative
 CRP negative
 (iii) Biochemical

Summary - Patient was admitted to ICU-1 on 29/4/21 with the chief complaint of breathlessness from 4 days and cough from 12 days, having SpO₂ 85% @ 10L NRM in the ambulance. She was examined & evaluated and diagnosed as COVID-19 +ve. She was managed conservatively. Now the patient status is COVID (-ve) and being discharged

under following follow-up

Treatment given: -
 Tab Metoprolol 50mg
 Tab Telicaprofen 25mg
 Tab Paracetamol
 Tab MPI (x 7 days)
 Tab Crocin
 Tab MV
 Tab Vit C
 Tab Zinc
 Tab Doxycycline
 Nebulization
 Brevibut

Sign of Clinician

TAB Doxycycline 400mg BD
 TAB Pan 40 100
 TAB MV 100
 TAB LIMCEE 100mg BD
 TAB PCM 60mg (50)
 TB. Methylprednisolone
 16mg BD x 7 days
 ↓
 16mg BD x 7 days
 8mg
 ↓
 16mg BD x 7 days
 ↓
 8mg BD x 7 days
 ↓
 4mg BD x 7 days then stop

कृपया मरीज डिस्चार्ज होने के पश्चात मेडिकल बिलों के सत्यापन हेतु आवेदन पत्र दो माह के भीतर ही प्रस्तुत करें अन्यथा स्वीकार नहीं किया जायेगा।
 नोट:- कृपया इसे सुरक्षित रखें और हास्पिटल आते समय लाना न भूलें!

DATE: 11/01/2023

USG Complete Abdomen

LIVER: Normal Echo texture - uniform. No focal lesion. IHBV and CBD - normal.
GALLBLADDER: Size - normal. Adequate. No calculus or internal echoes. Wall thickness - normal.
PANCREAS: Normal Echo texture - uniform. The pancreatic duct - not dilated.
SPLEEN: No focal lesions. No peripancreatic collections.
KIDNEYS: Normal Echo texture - uniform. No focal lesion. No hilar collateral dilatation.
ADRENALS: Normal in size and shape. No focal lesions.
BLADDER: Normal in contour. No intraluminal echoes are seen. Wall thickness is normal.
UTERUS: Normal in size. Myometrium shows normal echogenicity. No focal lesion is seen.
OVARIES: Normal in size and shape. No focal lesions are seen.

POD

PERITONEUM: No free fluid.
PELVIC CAVITY: Shows a cyst measuring ~ (87x71x62 mm vol. 204.8 cc) with clear fluid and no septations, shows minimal peripheral vascularity - F/S/O-? enteric duplication cyst/inclusion cyst D/D-Ovarian cyst

Impression:

- 1- Pelvic cavity shows a cyst with clear fluid and no septations, shows minimal peripheral vascularity - F/S/O-? enteric duplication cyst/inclusion cyst D/D-Ovarian cyst

Kindly correlate clinically and with other investigations.

Shubham
DR. S. SHUBHAM
 MD-Radio-Diagnosis

PREPARED BY- ARPANA

PLEASE NOTE - This is only a professional opinion and not the diagnosis. Findings must be correlated clinically & pathologically.


Website: www.shardanarayanhospital.org
 Email: shardanarayanhospital@gmail.com
 Facebook: <https://www.facebook.com/SHNhospitalMau/>
 Address: Sharda Narayan Hospital, Sahadelpura, Maunath Bhanjan, Mau (U.P.)

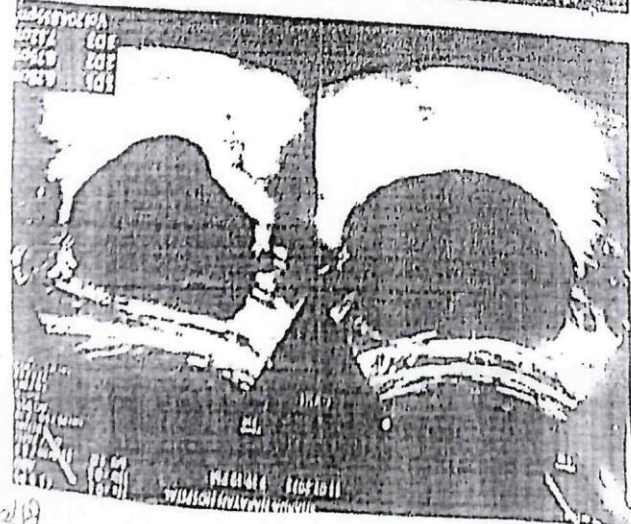
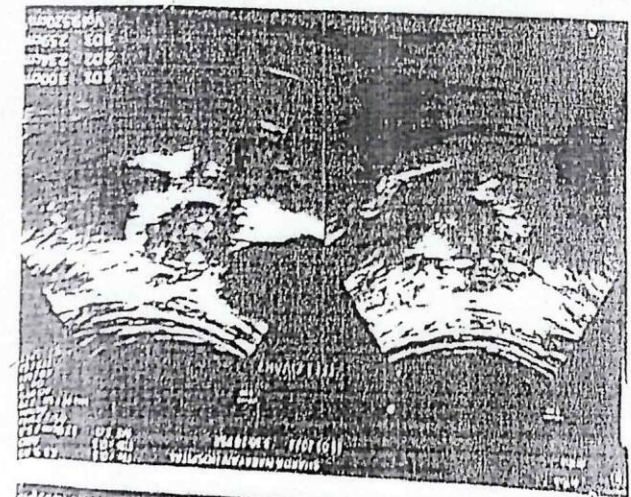
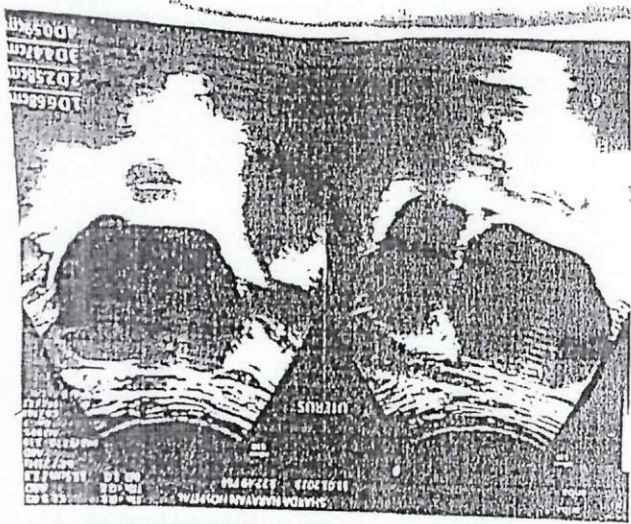


A Unit of Sharda Narayan Health Care Pvt. Ltd.



Helpline: 94 54 86 86 86, 73 70 34 53 45


 A Unit of Sharda Narayan Health Care Pvt. Ltd.
 ISO 9001:2015
 Helpline 04 54 86 86 86, 73 70 34 53 45



PREPARED BY: ARPANA
 A professional

The uterus is anteverted and anteflexed. The endometrium is normal. The ovaries are normal in size. Minimal free fluid is seen in the pouch of Douglas. The rest of the abdominal organs are normal.

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8/3
 10/10/19



GUPTA DIAGNOSTIC & IMAGING CENTRE

Narai Bandh, Near District Hospital, Meerut (27510)
Ph: 0517-2220565, 7525087004, 9648

AGE: SEX: 35 F
DATE: 17.02.2022

USG PELVIS

... thickening seen. No Calculus or mass in the lumen.
... size (6.7 X 2.9 X 2.4 cm).
... cavity is empty.
...
... shows a cystic focus of 172 cc (7.2 x 6.9 cm) without any septations or

Impression: Left adnexal simple cyst
Please Correlate Clinically


DR. S. VERMA
M.B.B.S., M.D. (RADIOLOGY)

Note - Impression is a professional opinion not a diagnosis. All medical procedures have their limitation
If there is a variance clinically the examination may be repeated or re-evaluated by other examination.



DIAGNOSCAN

WILSON ROAD, LUCKNOW

A17
C-7


MR. ANSHUL	MS. ARITHA	Age / Sex:	17Yrs / F
DR. ARCHANA KANODIA, MBBS MD		Date:	19.08.2022
USG WHOLE ABDOMEN			

ULTRASOUND STUDY OF WHOLE ABDOMEN

- LIVER:** Normal in size and shows homogenous echotexture of parenchyma. No focal lesions are seen. No intrahepatic biliary radicle dilatation is seen. Hepatic veins are seen normally.
- GALLBLADDER:** It is distended and shows anechoic lumen. No calculus or mass lesion is seen. Gallbladder wall is not thickened. No pericholecystic fluid is seen.
- CFP:** No dilatation is seen at porta. No obstructive lesion is seen.
- PORTAL VEIN:** Distention is normal in caliber at porta.
- PANCREAS:** Normal in size and shows homogenous echotexture of parenchyma. PD is normal. No focal or segmental calcification is seen. No peripancreatic collection is seen.
- SPLEEN:** Normal in size and shows homogenous parenchymal echotexture. No well defined space occupying lesion is seen.
- KIDNEYS:** Both kidneys are normal in size and position. Both show normal parenchymal echotexture. No hydronephrosis is seen. No calculus or mass lesion is seen.
- ADENOPATHY:** No adenopathy is seen. No ascitis is seen.
- URINARY BLADDER:** Urinary bladder is distended and shows anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened. **URETERS:** Both ureters are normal.
- UTERUS:** It is normal in size measuring 62x41x29 mm and shows normal homogenous myometrial echotexture. No focal mass lesion is seen. Endometrial thickness is (5 mm). No collection of fluid seen in endometrial cavity. Cervix is seen normally.
- OVARY:** It is normal in shape and echotexture.
- OVARIAN CYST:** It is normal in shape and echotexture. shows a large sized simple cyst measuring 78 x 56 x 61mm of volume about 137 cc without internal echoes and septations.
- FREE FLUID:** No free fluid is seen in cul de sac.
- BLOOD VESSELS:** Normal in caliber and peristaltic. No area of abnormal wall thickening / stenosis is noted.

OPINION:

- LARGE SIZED LEFT OVARIAN SIMPLE CYST.**
PLEASE CORRELATE CLINICALLY.


Dr. Anshul Raja
(M.D Radio diagnosis)
Ex SR, AIIMS, New Delhi

01 63 07 279 033, 0522 4330295



www.diagnosticscan.in

diagnosticscanimaging@gmail.com

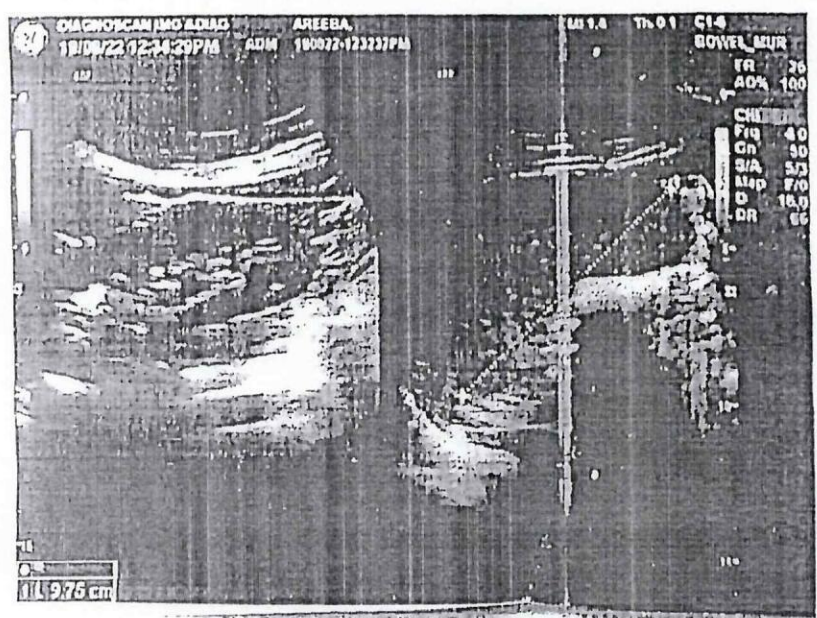
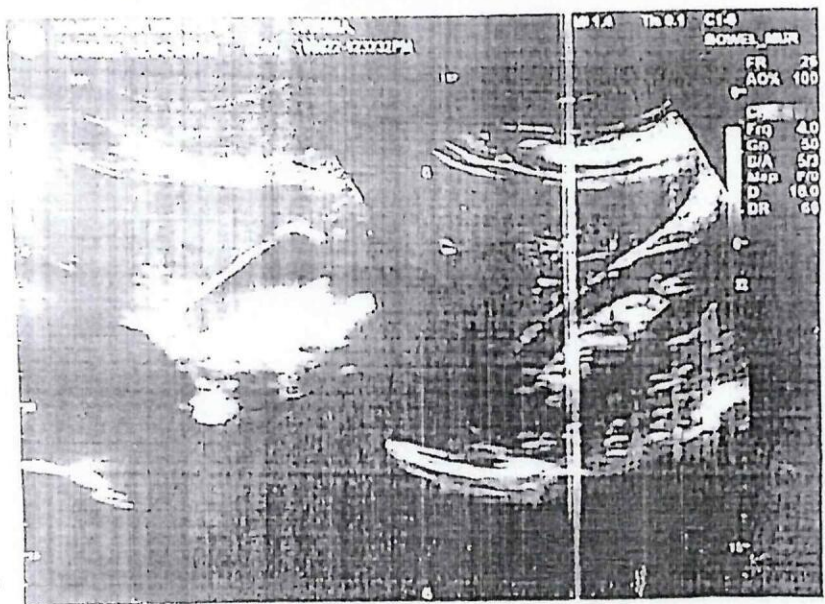
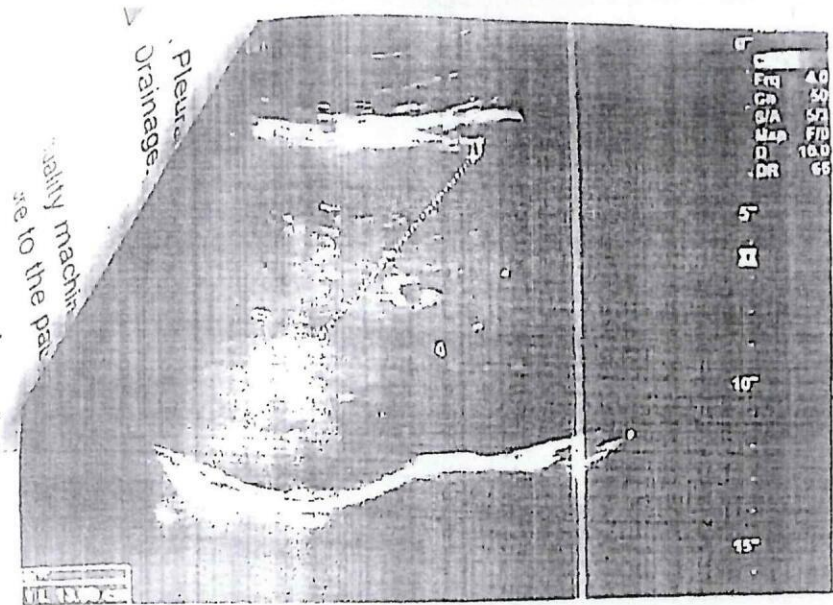


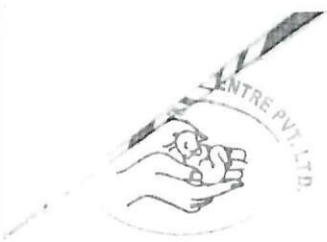
D-3019, Ground Floor Hall, Munshi Puri,
Indira Nagar, Lucknow

Clinical correlation is essential for final report.
If test results are inconclusive please consult
physician for further advice.
Timing: 9:00 AM to 5:00 PM
Sunday: 9:00 AM to 1:00 PM

REPORT IS NOT FOR MEDICO LEGAL PURPOSE

Handwritten notes: B18, PAR, CB





(9578)

C-9

MOTHER'S CARE & IVF CENTRE PVT. LTD.

INDIRA NAGAR : 18/3, INDIRA NAGAR, NEAR MUNSHI PULIA, Opposite Vasundhra Complex Lucknow-U.P.-226016, Mob.: 9919199970, Ph.: 0522-2359938

JANKIPURAM : B-1/274, Sec. G, Near Icon Hospital, Jankipuram, Lucknow

Email : motherscare1@gmail.com, Website: www.motherscareivfcentre.com

Dr. Archana Kanodia
M.B.B.S., M.D.
(Obs & Gynae Surgeon)
Consultant Gynae Endoscopic Surgeon
Infertility, IVF Specialist
Cosmetic Gynaecologist

Timings :

Indira Nagar : 09:00 A.M. to 2:00 P.M.

Booked Appointment : 05:00 P.M. to 7:00 P.M.

Sunday Closed

SPECIALITIES AVAILABLE

Date: 19/8/22

Infertility, IVF Specialist

- Confidential Counseling
- Hormonal Assessment & Manipulation
- Follicular Monitoring
- Hystero - Salpigography
- Sonosalpigography
- Semen Processing
- IUI - Husband / Donar
- I.V.F. - E.T.
- I.C.S.I.
- Blastocyst Transfer
- Laser Hatching
- Normal Delivery
- Caesarean Operation
- Hysterectomy
- Early Detction of Genital Cancer
- Cervical Vaccination
- Colposcopy
- Cryosurgery
- Hysteroscopy
- PRP
- Hydra Facial

Archana 17 yrs

LMP - 17/8/22

MC regular

Use of whole abdomen to rule out any uterine or pelvic pathology

- FSH/LH
- TSH
- & PRL
- & Testos

Clot Dysmenorrhea

Doxy 100 1x PBD
Tab. B. long 10 day

1x MD X 20
— day

Cabergoline 250ug
once a week (2x)

Dr


Biofolin 1x OD X 20



University of Lucknow, Lucknow
लखनऊ विश्वविद्यालय, लखनऊ
Odd Semester Exam Form (Session 2023-24)
विषम सेमेस्टर परीक्षा फॉर्म (सत्र 2023-24)

Submitted On/जमा किया गया : 20/10/2023

Application No./अवेदन संख्या : 2300272870 ULL Registration No./लखनऊ विश्वविद्यालय पंजीकरण संख्या : ULL2309046257
 Submitted On/जमा किया गया : 20/10/2023

College Name कॉलेज/विद्यालय का नाम	UNITY DEGREE COLLEGE, UNITY COMPOUND, HARDOI ROAD, BARAWAN KALA, LUCKNOW (1076)	
Course Name पाठ्यक्रम का नाम	LL.B (5 Year) (NEP)	
Semester/सेमेस्टर	1st Semester	
Exam Type/परीक्षा का प्रकार	Regular	

BASIC DETAILS/मूलभूत विवरण			
Applicant's Name/विद्यार्थी का नाम	ARIBA FARRUKH	Father's Name/पिता का नाम	FARRUKH INAM
Mother's Name/माता का नाम	SAEMA FARRUKH	Email ID/ईमेल आईडी	a.farrukh@unitycollege.ac.in
Mobile No./मोबाइल नंबर	9305841200	Date of Birth/जन्म तिथि	25 Oct 2004
Gender/लिंग	Female	Domicile/निवास स्थान	UP
Category/श्रेणी	General	Sub Category/उप श्रेणी	GA
Nationality/राष्ट्रियता	Indian	Religion/धर्म	Muslim
PWS/आर्थिक रूप से कमजोर वर्ग	No	Area Type/क्षेत्र का प्रकार	Semi-Urban

CORRESPONDENCE ADDRESS/पत्राचार पता		PERMANENT ADDRESS/स्थायी पता	
Address/पता	Al Naim, Padri, Hanamangarh, Maharajganj, Uttar Pradesh, 273303	Address/पता	Al Naim, Padri, Hanamangarh, Maharajganj, Uttar Pradesh, 273303
Country/देश	India	Country/देश	India
State/Union Territory/राज्य/केन्द्र शासित प्रदेश	Uttar Pradesh	State/Union Territory/राज्य/केन्द्र शासित प्रदेश	Uttar Pradesh
District/ज़िला	Maharajganj	District/ज़िला	Maharajganj
PIN Code/पिन कोड	273303	PIN Code/पिन कोड	273303
Alternate Mobile Number/वैकल्पिक मोबाइल नंबर	7810695992	Alternate Mobile Number/वैकल्पिक मोबाइल नंबर	7810695992

Papers/पैपर	LL.B (5 Year) (NEP)
1.	POLITICAL SCIENCE-I [Compulsory][Theory]
2.	ENVIRONMENT-I [Compulsory][Theory]
3.	LOGIC-I [Compulsory][Theory]
4.	ENGLISH-I [Compulsory][Theory]
5.	ZOOLOGY-I [Compulsory][Theory]
6.	LAW OF CONTRACT & SPECIFIC RELIEF [Compulsory][Theory]
7.	WILL BE ADDED: SOFT SKILL-I (YOGANCC) [Compulsory][Practical]



UNITY P.G. & LAW COLLEGE

Sector-B, Basant Kunj, IIM By-Pass Road, Lucknow-226101
Ph: 7570006105

No. 1320

Date 8/11/23

Received sum of Rupees Twenty seven thousand five hundred
from Arifa Parvath on account of UPP 2023 exam only
through Cash/Cheque/D.D. No. Cash in Bank Date 8/11/23

Rs. 27500/-

[Signature]
Cashier