

प्रेषक,

यशवन्त कुमार सरोज,
अपर जनपद न्यायाधीश (एफ०टी०सी० अंतर्गत 14 वां वित्त आयोग),
ललितपुर।

सेवा में,

आदरणीय महानिबंधक महोदय,
माननीय उच्च न्यायालय, इलाहाबाद।

द्वारा,

आदरणीय जनपद न्यायाधीश,
जनपद ललितपुर।

विषय :- प्री-मैच्योर स्थानांतरण के संदर्भ में प्रार्थना पत्र।

महोदय,

ससम्मान निवेदन है कि -

1. माननीय उच्च न्यायालय के आदेशानुसार वार्षिक स्थानांतरण में मेरा स्थानांतरण जनपद आजमगढ़ से जनपद ललितपुर हुआ है।
2. माननीय उच्च न्यायालय के आदेश के अनुपालन में मैंने दिनांक 18 अप्रैल 2024 को जनपद ललितपुर में अपर जनपद न्यायाधीश फास्ट ट्रैक कोर्ट (अंतर्गत 14 वां वित्त आयोग) के पद पर कार्यभार ग्रहण किया है।
3. ससम्मान अवगत कराना है कि मेरे पिताजी का स्वर्गवास लगभग ढाई वर्ष पूर्व हुआ है। मेरी माता जी श्रीमती प्यारी देवी न्यूरोलाजिकल डिसऑर्डर व शुगर, बी०पी०, अस्थि रोग से ग्रसित हैं तथा बिना सहयोग के चलने फिरने में असक्त हैं तथा उपचाराधीन हैं। हाल ही में उन्हें हृदय रोग संबंधी विकार भी उत्पन्न हुआ है। मेरी माता जी ईलाज व सेवा सुश्रुषा हेतु मुझ पर पूर्णतया आश्रित हैं। संबंधित विशेषज्ञ चिकित्सकों द्वारा मुझे उनका ईलाज उच्चकृत चिकित्सा केंद्रों (हायर सेन्टर) में कराने की सलाह दी गयी है। माताजी की स्वास्थ्य दशाओं में उन्हें आकस्मिक स्थितियों में फ्रीक्वेंटली कभी भी अस्पताल में भर्ती कराने की आवश्यकता रहती है।
4. ससम्मान अवगत कराना है कि जनपद ललितपुर से हायर चिकित्सकीय सेंटर जैसे दिल्ली या लखनऊ आकस्मिक स्थितियों में ले जाकर माताजी का ईलाज कराना उनके जीवन को संकट में डालने के साथ-साथ अत्यंत व्ययकारी होगा तथा मुझ पर अत्यधिक आर्थिक भार पड़ेगा। मानसिक व शारीरिक परेशानियां भी रहेगी। इन परिस्थितियों में मेरे दिन-प्रतिदिन के कार्यों पर भी असर पड़ेगा।
5. अतः विनम्र निवेदन है मुझे दिल्ली के आसपास उत्तर प्रदेश के किसी एन०सी०आर० जनपद में अथवा लखनऊ या उसके आसपास किसी जनपद में स्थानांतरित करने की कृपा करें ताकि मैं अपनी माताजी के बेहतर उपचार व देखभाल के साथ-साथ अपने न्यायिक दायित्वों का भी भली भाँति निर्वहन कर सकूँ।

अतः विनम्र अनुरोध है कि प्रार्थना पत्र माननीय महोदय के समक्ष सादर अवलोकनार्थ रखने की कृपा करें। मैं आपका सदैव आभारी रहूँगा।

सादर।

दिनांक - 24/04/2024

संलग्नक - माताजी के चिकित्सीय प्रपत्र मय
सी०एम०एस० की आकलन आख्या।

भवदीय

Yashwant Kumar Saroj

(यशवन्त कुमार सरोज)

अपर जनपद न्यायाधीश

(एफ०टी०सी० अंतर्गत 14 वां वित्त आयोग)

ललितपुर।

ID No. - UP1870



आरोग्य न्यूरो क्लीनिक

डा० सुशील कुमार मिश्रा

एम.बी.बी.एस., एम.डी. (मेडिसिन), डी.एम. (न्यूरो), दिल्ली
सीनियर कंसल्टेंट न्यूरोलॉजिस्ट, प्रयागराज

C.M.O. Reg. No. : 3416/3946

पूर्व चिकित्सक : जी.बी. पंत हॉस्पिटल एवं एसोसिएट हॉस्पिटल,
एम.ए.एम.सी., दिल्ली, मैक्स हॉस्पिटल, दिल्ली

Reg. No. : 043579 (U.P.M.C.)

ओ.पी.डी. समय : सोमवार से शनिवार

प्रातः 10 से 4 व सायं 6:00 से 7:00 बजे तक

रविवार अवकाश

15 APR 2024

Mrs. Pooja Devi
DANCE ENTICED

R02

DOE
EBG

T TVSPSP 75
T Telintu 2
T Visgel 14
T Request 2 PRS 200
T Adesng 90
T Deep 5
T XV Anter 3
T Calhau
T Overwell
T LED Plus
T Macgenal
T Amidal 15 31

क्लीनिक : 68/36/5, टैगोर टाउन (पूजा अस्पताल के पीछे), प्रयागराज, उत्तर प्रदेश
सम्पर्क सूत्र : 0532-2465600, मो0- 9935736660, 9935746660, e-mail : drsushil31@gmail.com

रिपोर्ट दिखाने एवं पूँछ-ताँछ के लिए सायं 2 से 4 बजे में सम्पर्क करें।
(नोट - डॉक्टर साहब से फोन पर कोई परामर्श नहीं हो सकता है)

Ca

Dr. Singh
मुख्य चिकित्सा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(मुख्य) लखितपुर

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15/4/24

Ceol Kulkarni T. P. B. S. K. C.

Echo

TECHNICAL REPORT

Cardiologist

[Signature]

[Signature]

[Signature]

[Signature]
मुख्य चिकित्सा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(पुरुष) बलितपुर

Saraswati Heart Care & Multispeciality Hospital

Plot No. 2 & 3, Darbhanga Colony, Prayagraj
Email: saraswathospitalald@gmail.com Phone: 8400333515

Echocardiogram Report

Mrs. PYARI DEVI 65Y/Female

Consultant : DR. SUSHIL KUMAR
MISHRA

ID : 24-2511067/P598776

Date : 15-04-2024 12:14 PM

Clinical Diagnosis FUC DM, HTN, CVA

PROCEDURE M-MODE/2D/DOPPLER/COLOUR/CONTRAST

| Measurements | | Normals |
|--------------------------------------|-----|------------------------------------|
| Aortic Root Diameter | 3.0 | 2.0-3.7 cm < 2.2 cm/M ² |
| Aortic Valve Opening | 1.8 | 1.5-2.6 cm |
| Right Ventricular Dimension | | 0.7-2.6 cm < 1.4 cm/M ² |
| Right Ventricular Thickness | | 0.3-0.9 cm |
| Left Atrial Dimension | 3.6 | 1.9-4.0 cm < 2.2 cm/M ² |
| Left Ventricular ED Dimension | 5.0 | 3.7-5.6 cm < 3.2 cm/M ² |
| Left Ventricular ES Dimension | 4.3 | 2.2-4.0 cm |
| Interventricular Septal Thickness ED | 0.8 | ES 1.1 |
| Left Ventricular PW Thickness ED | 0.9 | ES 1.3 |
| IVS/LVPW | | 0.5-1.0 cm |

Indices of Left ventricular Function

| | | |
|----------------------------|----|-----------|
| Mitral E-Septal Separation | | < 0.9cm |
| Minor Axis Shortening | 18 | 22-42% |
| LV Ejection Fraction | 35 | 60 + 6.2% |
| LV Mass | | Gms |

IMAGING

POOR ECHO WINDOW,
IAS & IVS ARE INTACT, NO PERICARDIAL EFFUSION,
MID ANTERIOR, DISTAL IVS APEX LV APEX, ANTERIOR WALL
& ANTERIOR LATERAL WALL ARE HYPOKINETIC,
OTHERWISE REMAINING LV IS CONTRACTING WELL,
LA, RA AND RV ARE NORMAL,
NO ANEURYSM, NO CLOT, NO VEGETATION,
MITRAL VALVE IS NORMAL, NO MVP, MILD MR, MITRAL A>E,
AORTIC VALVE IS TRILEAFLET AND NORMAL,
TRIVIAL TR, TRIVIAL PR, PASP 30 MM OF HG,
MITRAL RING CALCIFICATION PRESENT,

CC

Dr. Singh
मुख्य चिकित्सा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(पुरम) सलितपुर

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Aortic Valve

| | | |
|----------------------|-----------|---------|
| Max Velocity | 142 | cms/sec |
| Mean Velocity | | cms/sec |
| Max PG | 8.08 | mm Hg |
| Mean PG | | mm Hg |
| Annulus | | mm |
| Root | | mm |
| Bicuspid/Tricuspid | Tricuspid | |
| Aortic Regurgitation | Nil | |
| C.O. | | L/Min |
| | Normal | |

Mitral Valve

| | | | |
|----------------------|-----------------|------------|----------|
| Max Velocity | cm/sec | EA | A>E |
| Mean Velocity | cm/sec | Heart Rate | per min. |
| Max PG | mm Hg | V | cms/sec |
| Mean PG | mm Hg | P | mm Hg |
| Pressure 1/2 Time | m. sec. | | |
| Orifice Area (PHT) | cm ² | | |
| Orifice Area (2D) | cm ² | | |
| Mitral Regurgitation | Mild | | |

Pulmonary Valve

| | |
|-------------------|------------|
| Max Velocity | 93 cms/sec |
| Max PG | 3.45 mm Hg |
| Pressure 1/2 time | m. sec |
| Annulus | mm |
| P.R. | Trivial |
| C.O. | L/min |
| Colour Flow | TR, PR, MR |

Tricuspid Valve

| | |
|--------------|---------------|
| Max Velocity | 223 cms/sec |
| Max PG | 19.88 mm Hg |
| Regurg Jet | cm from valve |
| TR | Trivial |
| RVSP | 30 mm Hg |

Final Diagnosis

POOR ECHO WINDOW,
ISCHAEMIC HEART DISEASE,
MID ANTERIOR, DISTAL IVS APEX LV APEX, ANTERIOR WALL
& ANTERIOR LATERAL WALL ARE HYPOKINETIC,
MILD MR, TRIVIAL TR, PASP 30 MM OF HG,
NO ANEURYSM, NO CLOT, NO VEGETATION,
MITRAL RING CALCIFICATION PRESENT,
SEVERELY IMPAIRED LV SYSTOLIC FUNCTION, AND
GRADE 1, DIASTOLIC DYSFUNCTION.

Dr. D. K. Agrawal
MD, DM (Cardiology)

मुख्य चिकित्सा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(पुरुष) ललितपुर

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TEJAS MICRODIAGNOSTIC PRAYAGRAJ

Results

Date 07/04/2023 01:52:20 PM

Operator TEJAS

Patient Name

Sample ID AUTO_SID0002

First Name PYARI DEVI

Department

Gender Female

Age

Physician

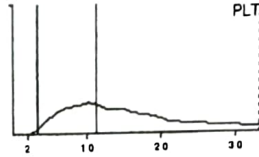
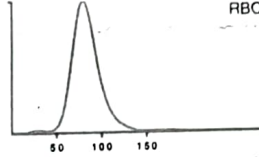
Patient ID AUTO_PID02279

Type Woman

Date of birth

Sample comments

| | | | Range |
|--------|------|-----------------------|-------------|
| RBC | 4.82 | 10 ⁶ /μL | 3.80 - 5.20 |
| HGB | 14.0 | g/dL | 11.5 - 15.2 |
| HCT | 42.2 | % | 35.0 - 46.0 |
| MCV | 87.5 | μm ³ | 77.0 - 97.0 |
| MCH | 29.1 | pg | 26.0 - 34.0 |
| MCHC | 33.2 | g/dL | 32.0 - 35.0 |
| RDW-CV | 13.2 | % | 11.0 - 17.0 |
| RDW-SD | 55.9 | H μm ³ | 37.0 - 49.0 |
| PLT | 242 | * 10 ³ /μL | 150 - 400 |
| PCT | 0.35 | * % | 0.15 - 0.40 |
| MPV | 14.5 | H* μm ³ | 8.0 - 11.0 |
| PDW | 31.5 | H* μm ³ | 11.0 - 22.0 |
| P-LCC | 145 | h 10 ³ /μL | 44 - 140 |
| P-LCR | 60.0 | h % | 18.0 - 50.0 |



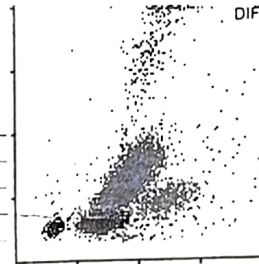
Recommended actions

Slide review

Alarms

PLT
RBC PLT Interference
Susp. Pathologies
Macroplatelets
PLT aggregate ?
Leukocytosis
Neutrophilia

| | | | Range |
|-----|-------|-----------------------|--------------|
| WBC | 13.34 | H 10 ³ /μL | 3.50 - 10.00 |
| | # | | |
| NEU | 8.51 | H | 1.60 - 7.00 |
| | | Range | % |
| LYM | 3.83 | h | 1.00 - 3.00 |
| | | | Range |
| MON | 0.47 | | 0.20 - 0.80 |
| | | | 3.5 |
| EOS | 0.42 | | 0.00 - 0.50 |
| | | | 3.2 |
| BAS | 0.04 | | 0.00 - 0.15 |
| | | | 0.3 |
| LIC | 0.07 | | 0.00 - 0.10 |
| | | | 0.5 |



07/04/2023 01:53:33 PM
Dr. Arun Kant, PGDMC

Printed by: TEJAS
Dr. Upma Narain, D. Phil.
Former Micro-Biologist

S/N 8059041035
Dr. Upma Narain, MD¹
Consultant Pathologist

Signature

Signature

मुख्य चिकित्सा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(पुरुष) ललितपुर

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RUCHI DIGITAL X-RAY Pathology Centre

Machhlishahar (In Side of Govt. Hospital), Jaunpur (U.P.)

Dr. Ashok Kumar
(M.D.)

Regd. No. CMO/INP/AL/572
Mob. 9161219003, 9838674000

Ramjeet Vishwakarma
(L.T.) Regd. C.H.C., MShahar

Pathology Report

| | | | |
|--------------|----------------|------------|-------------|
| Patient Name | Smt. Pyan Devi | Given Date | 12/04/2024 |
| Age | 65 | Rep. Date | 12/04/2024 |
| Sex | Female | Time | 12:13:38 PM |
| Ref. By Dr. | Self. | | |
| Address | | | |

| Investigation | Observed Value | Unit | Reference Interval |
|---------------|----------------|------|--------------------|
|---------------|----------------|------|--------------------|

BIOCHEMISTRY

| | | | |
|------------------------------------|-------|-------|-------------|
| Fasting Blood Sugar | 229.1 | mg/dl | 70-110mg/dl |
| P. P Blood Sugar (aftr 2hrs lunch) | 320.6 | mg/dl | 70-150mg/dl |

मुख्य चिकित्सा अधीक्षक
मा० कांशीराम संयुक्त चिकित्सालय
(पुलव) ललितपुर

श्रीराम मेमोरियल हेल्थ सेन्टर

ब्लड एण्ड कम्पोनेन्ट सेन्टर

वाकराबाद, नजदीक शंकर कोल्ड स्टोरेज, सुजानगंज रोड, मछलीशहर, जौनपुर

डा० कुन्जा पटेल (M.B.B.S., DGO)

डा० अशोक कुमार (एम० डी० फिजीशियन)

स्त्री एवं प्रसूति रोग विशेषज्ञ Reg.No.89325

(Critical Care)

सुविधाएँ -

BP - 110/70mmHg,

RBS - 95mgdl

ECG -

ICU

O2



Whole Blood

PRBC

Platlets

Plasma

Investigations :

~~CBC~~

~~SGOT~~

~~SGPT~~

Sr. Bilirubin

Bl. Urea

Sr. Creatinine

Widal Test

P.S. for MP

Uric-Acid

RA Factor

Viral Marker

HIV Hbs Ag

20/Cel



NOT FOR MEDICO LEGAL PURPOSE

अपके अच्छे स्वास्थ्य की कबना करते है।

Do Not Substitute -

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[Signature]
उच्च शिक्षा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(पुरुष) ललितपुर

Rx

T Clopives 300
L T D S p m y
T Cress 40
T Glimisor 1mg 336
T Cossit 1mg 500
T Nifopid 60
T Pab metamoc 12.5
T Pampor
T Zostam 1.5 Am. B0
NS meco 10mg
T Dolo 650 7 DS 605
T Syp Betamin
low 13/14/24
T Glimisor 1mg 336



आरोग्य न्यूरो क्लिनिक

डा० सुशील कुमार मिश्रा

एम.बी.बी.एस., एम.डी. (मेडिसिन), डी.एम. (न्यूरो), दिल्ली

सीनियर कंसल्टेंट न्यूरोलॉजिस्ट, प्रयागराज

Reg. No. : 043579 (U.P.M.C.)

C.M.O. Reg. No. : 3416/3946

पूर्व चिकित्सक : जी.डी. पंत हॉस्पिटल एवं एसोसिएट हॉस्पिटल,

एम.ए.एम.सी., दिल्ली, मैक्स हॉस्पिटल, दिल्ली

ओ.पी.डी. समय : सोमवार से शनिवार

प्रातः 10 से 4 व सायं 6:00 से 7:00 बजे तक

रविवार अवकाश

23 DEC 2023

CVA - DM NOW ON

RBS = 157

1. T Tushk ~~10~~
2. T Ghatak ~~2~~
3. Midglum ~~> 200 RBS~~
4. ~~Ronit~~
5. ~~Moshing~~
6. ~~T Deepak M~~
7. ~~DAV JCB~~
8. ~~T Calmus~~
9. ~~T Kaur~~
10. ~~T Migo = Mirogo 80~~
11. ~~Marginal 6~~
12. ~~Demidol 2~~

$$\frac{129}{70}$$

for 2nd

क्लीनिक : 68/36/5, जवाहर लाल नेहरू रोड, टैगोर टाउन (पार्वती हॉस्पिटल के निकट), प्रयागराज

सम्पर्क सूत्र : 0532-2465600, मो०- 9935736660, 9935746660, e-mail : drsushil31@gmail.com

रिपोर्ट दिखाने एवं पूछ-ताछ के लिए सायं 2 से 4 बजे में सम्पर्क करें।

(नोट - डॉक्टर साहब से फोन पर कोई परामर्श नहीं हो सकता है)

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Signature

मुख्य चिकित्सा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(मुख्य) खलितापुर



Kriti Scanning Centre (P) Ltd.



59/1B E, Lowther Road, In front of Medical College, Prayagraj (Allahabad)
 Registered Office: 55 B, Lowther Road, Prayagraj (Allahabad)
 e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com
 Phones: Reception: 0512 2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100

Name: Mrs. Pooja Devi Age/Gender: 65Y/ Female
 Referred By: DR. U. H. YADAV MS Date/UHID: 25-Jul-2023/ P1179335



MRI OF DORSO-LUMBAR SPINE

REPORT:

High resolution MRI of dorso-lumbar spine was performed on a 3.0 Tesla MR Scanner, Siemens Magnetom Skyra. Following imaging sequences were obtained:

Axial: T2 and T1 w turbo-spin-echo (TSE)

Coronal: T2 TSE

Sagittal: T2 TSE, T1 TSE, STIR

L5 vertebra is sacralised.

The lower dorsal and lumbar vertebral bodies show normal alignment. No focal or diffuse area of altered signal abnormality is seen. The posterior elements are normal.

All the dorso-lumbar intervertebral discs are degenerated.

Small anterior osteophyte formations are seen at L3 and L4 levels.

Diffuse disc bulge and ligamentum flavum thickening is seen at L2-3 level indenting the thecal sac and encroaching on left neural foramen.

Diffuse disc bulge, ligamentum flavum thickening and facet arthropathy is seen at L3-4 level causing mild to moderate canal stenosis (7.1 mm) and bilateral foraminal stenosis.

Diffuse disc bulge, ligamentum flavum thickening and facet arthropathy is seen at L4-5 level causing mild canal stenosis (9.1mm) and bilateral foraminal stenosis compressing the L4 nerve roots.

Rest of the intervertebral discs are normal. There is no evidence of disc bulge / herniation.

There is no intraspinal / cystic space occupying lesion.

Spinal cord reveals normal signal intensity, without any evidence of a focal lesion.

Dr. Singh
 मुख्य चिकित्सा अधीक्षक
 मा० काशीराम संयुक्त चिकित्सालय
 (मुख्य) ललितपुर

NO. KME/E2110585

Kriti Scanning Centre (P) Ltd.

S9/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)
Registered Office : 55-B Lowther Road, Prayagraj (Allahabad)
e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com
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NABH ACCREDITED
MR 2014-2017

Name Mrs. Pyari Devi Age/Gender 65Y/ Female
Referred By DR. U B YADAV MS Date/UHID 25-Jul-2023/ P1179335



Prevertebral soft tissues and vascular structures are normal.

The paraspinal musculature appears unremarkable.

Impression:- Disc degenerative changes in lumbar spine are as described aggregated by ligamentum flavum thickening and facet arthropathy.

ADV:- Clinical Correlation.

----- End of report -----

Page 2 of 2

Transcribed by: Mishra

Dr. Kushagra Agrawal MD Dr. Seema Pandey MD Dr. Bhumika Singh MD Dr. V. K. Agarwal MD
Dr. Udbhav Maheshwari DMRD Dr. Saurabh Pandey MD Dr. Harshit Bansal MD, FRCR
Dr. Mohd. Yuseer DMRD

Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands.

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मा० काशीराम संयुक्त चिकित्सालय
(पुखव) ललितपुर

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PRAYAGRAJ (ALLAHABAD)
KARNATAKA

Name Mrs. Pyari Devi Age/Gender 65Y/ Female
Referred By DR. U B YADAV MS Date/UHID 25-Jul-2023 P1179735



MRI of Brain

High resolution MRI of brain was performed on a 3.0 Tesla MR Scanner, Siemens Magnetom Skyra. Following imaging sequences were obtained:

Axial: T2 w turbo-spin-echo (TSE), T2 and T1 w FLAIR, DWI, SWI

Coronal: T2 TSE

Sagittal: T2 TSE

There are gliotic areas of T2 hyperintense signal in left parietooccipital lobes and right temporal lobe with partial suppression on FLAIR.

Chronic lacunar infarcts are seen in right caudate nucleus and thalamus.

Ill-defined confluent T2 hyperintense signal is seen in bilateral periventricular white matter, corona radiata and centrum semiovale.

Rest of the brain parenchyma reveals normal signal intensity.

The brainstem and cerebellum appear normal.

There is generalised prominence of ventricular system, cortical sulci, basal cisterns, suggestive of cerebral atrophy.

There is no evidence of acute infarct / intracranial hemorrhage / SOL / midline shift.

The visualised orbits and paranasal sinuses are normal.

Page 1 of 2

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मा० काशीराम संयुक्त चिकित्सालय
(पुरुष) लखितपुर

Kriti Scanning Centre (P) Ltd.



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NAAB ACCREDITED
NAAB 2018 0071

Name: Mrs. Piyu Devi Age/Gender: 65Y/ Female
Referred By: DR. U B YADAV MS Date/UHID: 25-Jul-2023/ P1179335



Impression: Gliotic areas of T2 hyperintense signal in left parietooccipital lobes and right temporal lobe probably sequelae of old cerebrovascular insult.

Chronic lacunar infarcts in right caudate nucleus and thalamus.

Ill-defined confluent T2 hyperintense signal in bilateral periventricular white matter, corona radiata and centrum semiovale, probably due to chronic ischemia.

No evidence of acute infarct/ intracranial hemorrhage / SOL.

Adv: Clinical Correlation

----- End of report -----

Page 2 of 2

Transcribed by: Amit Shukla

Dr. Kushagra Agrawal MD Dr. Seema Pandey MD Dr. Bhumika Singh MD Dr. V. K. Agarwal MD

Dr. Udbhav Maheshwari DMRD Dr. Saurabh Pandey MD Dr. Harshit Bansal MD, FRCR

Dr. Mohd. Yaseer DMRD

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मा० काशीराम संयुक्त चिकित्सालय
(पुरुष) ललितपुर



Name : Purni Devi
Age Sex : 68 Years/ Female
Date : Saturday, September 25, 2021
Referred by : Dr S K Mishra DM
Time : 11:49 PM

MRI of Brain and screening of whole spine

Imaging Sequences
Axial: T2-TSE, FLAIR, T1-SE, Diffusion imaging
Coronal: T2-TSE
Sagittal: T2-TSE

Report:

Focal small gliosis is seen in left parietal lobe.
Partly undefined T2 hyperintensity is seen in bilateral frontoparietal lobe periventricular, subcortical and deep white matter which is hyperintense on FLAIR and isointense to brain parenchyma on T1W images.
Rest of bilateral cerebral hemispheres show normal differentiation of grey & white matter. No focal lesion is seen. Temporal lobes appear normal with no obvious signal variation.
Ventricular system, basal cistern, cortical sulci and sylvian cisterns are prominent. Septum pellucidum is seen in midline.
Basal ganglia, thalami, brain stem & cerebellum show normal MR morphology & signal intensity.
Sella, parasellar & suprasellar areas are normal.
Visualized orbits are normal.



Screening of whole spine is done with sagittal T2W images which reveal, posterior end plate osteophyte and mild disc bulge is seen at L4-L5 and L5-S1 level compressing thecal sac and narrowing bilateral intervertebral neural foramina.
Mild disc bulges at C3-C4 to C5-C6 levels indenting on thecal sac. Spinal cord and conus medullaris are normal.

Impression: Focal small gliosis in left parietal lobe with age related diffuse cerebral atrophy with frontoparietal lobes white matter ischemic changes

Posterior end plate osteophyte and mild disc bulge at L4-L5 and L5-S1 level compressing thecal sac and narrowing bilateral intervertebral neural foramina.

Mild disc bulges at C3-C4 to C5-C6 levels indenting on thecal sac.

Advise: Clinical Correlation.



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मा० काशीराम संयुक्त चिकित्सालय
(पुरुब) लखितपुर
Dr. Surendra Kumar Gupta
MD (Radiodiagnosis)
SGPGIMS, Lucknow

B-3, Sector-E, Near Kendriya Bhawan, Aliganj, Lucknow- 226024. P: 7705004138, 9335256363



आरोग्य न्यूरो क्लीनिक

डा० सुशील कुमार मिश्रा

एम.बी.बी.एस., एम.डी. (मेडिसिन), डी.एम. (न्यूरो), दिल्ली
सीनियर कंसल्टेंट न्यूरोलॉजिस्ट, प्रयागराज

C.M.O. Reg. No. : 3416/3946

पूर्व चिकित्सक : जी.बी. पंत हॉस्पिटल एवं एसोसिएट हॉस्पिटल,
एम.ए.एम.सी., दिल्ली, मेक्स हॉस्पिटल, दिल्ली
ओ.पी.डी. समय : प्रातः 10 से 4 व सायं 6.30 से 8.00 बजे तक
Reg. No. : 043579 (U.P.M.C.)

रविवार अवकाश

06 JAN 2022

8

Mrs Pyam Devi

Age 38.5
Ht = 165/95

CVA & DM et al

- 1 Turbovac ASP
- 2 TGMubel Mfg 2

Blood sugar

- 3 Miraglo M
- 4 Mesels H 90

200
HbA1c

- 5 T Dep
- 6 T Fushk

100 2mlt

- 7 Membr

Tuesday 2000 Infibact 100

- Acnezel X10d
- TMirago 50 X1mlt
- Acnezon X16d

क्लीनिक : 68/36/5, टैगोर टाउन (पूजा अस्पताल के पीछे), प्रयागराज, उत्तर प्रदेश
सम्पर्क सूत्र : 0532-2465600, मो- 9935736660, 9935746660, e-mail : drsushii31@gmail.com
रिपोर्ट दिखाने एवं पूँछ-ताँछ के लिए सायं 2 से 4 बजे में सम्पर्क करें।

Acnezon

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(मुख्य) ललितपुर

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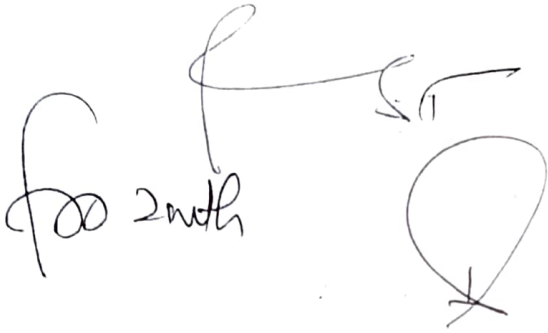
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मुंबई विद्यापीठा अधीक्षक
मा० काशीराम संयुक्त चिकित्सालय
(पुस्तक) खलिपुर्

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 मुख्य शिक्षिका अधीदाक
 मा० काशीराम संस्कृत विद्यालय
 (पुरुष) खलितपुर

PROFORMA – I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, [Name] Meenakshi Singh CMO/CMS, ASMC, Lalitpur
have perused the documents presented before me by Sri Yashwant Kumar Sarda [Name
of the Officer]., ID No. 4P1870. Designation Addl. District Judge
and place of posting Lalitpur OR on his behalf by
Sri Relation with the officer
Phone No.

- I. I have personally examined Sri/Smt./Sushri. Pyari devi
who is suffering from the disease/syndrome/disability Neuro Heart
[Name of the disease] B.P. 140/90 and in my opinion he/she may require
frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. Pyari devi is
suffering from the disease/syndrome/disability/disorder Neuro Heart
[Name of the disease] B.P. 140/90 and the disease(s) find(s) mention at
paragraph no. II, X of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the
treatment/management of the above-mentioned disease/syndrome/
disability/disorder in paragraph two above is possible at the districts
mentioned by the officer in his/her application submitted to Hon'ble
High Court.
- IV. The treatment/management of the above-mentioned disease/
syndrome/disability/disorder in paragraph two above is also available
at the districts namely Aligarh, Agra, Kanpur, Nagpur.
- V. I am aware that this document may be presented by the competent
authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for 6 months only.

Received
Dr. Meenakshi Singh
Physician

Signature with seal
(C.M.O./C.M.S.)

Name: DR. Meenakshi Singh
ID No.: 34564
Designation: C.M.S.
Telephone No. मुख्य चिकित्सा अधीक्षक
Mobile No. मा० काशीराम संयुक्त चिकित्सालय
(पुरय) खलितपुर

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.

Annexure-I

- I. **Cancers:** All types of cancers leading to permanent disability of more than 40%. The term cancer includes Leukaemia, Lymphoma and Hodgkin's Disease.
- II. Degenerative & Progressive Neurological disorders.
- III. **Paralytic Stroke (Cerebra Vascular Accidents):** CVA including Cerebral Haemorrhage, Cerebral Thrombosis and Cerebral embolism causing more than 40% Total Permanent Disability.
- IV. **Motor Neuron Disease:** Irreversibly progressive Motor Neuron Disease confirmed by a Neurologist. It should be duly supported by MRI, EMG and Nerve Conduction studies.
- V. **Parkinson's Disease:** Slowly Progressive degenerative neurological disorder causing Tremors, Rigidity and disturbance of balance and must be confirmed by a Neurologist.
- VI. **Cerebellar Ataxia and Neuropathies** leading to more than 40% disability.
- VII. **Person living with HIV AIDS (PLHA):** A person diagnosed with HIV AIDS and undergoing treatment.
- VIII. **Chronic Renal Failure:** Chronic Renal Failure with irreversible damage to both kidneys requiring RRT. Haemodialysis/ R. T and it must be well documented with relevant lab investigations.
- IX. **Chronic Respiratory Failure:** Chronic Respiratory Failure with irreversible damage to both lungs requiring demiceler oxygen or ventilator support.
- X. **Heart Diseases leading to Chronic Heart Failure:** Coronary Artery Disease and Valvular Heart Diseases which may be treated by CABG or Valve Replacement Surgery three years from the date of actual open heart surgery (Only till three years from the date of the procedure)
- XI. **Cases involving non-surgical techniques** like Angioplasty will be eligible for one year from the date of intervention. Unsuccessful surgery or Fardiomopathies leading to Heart Failure will also be included in this category.
- XII. **Thalassaemia Major and other Blood Dyscrasia:** All Blood Dyscrasias including Thalassaemia major requiring recurrent Blood Transfusions. Diabetes with complications:
 - a) Chronic Renal Failure;
 - b) Permanent loss of vision;
 - c) Cellulitis requiring Amputation of limbs;
 - d) Cerebro Vascular Accidents;
 - e) Coronary Artery Disease;
- XIII. Any other disease leading to more than 40% Physical or Permanent disability certified by the Medical Board with latest records/reports within past three months.
- XIV. Any other disorder with Mental disability of 40% or more as certified by the Medical Board & accompanied by UDID Card.
- XV. Acid attack victims.