Dr Achal Kumar Srivastava
M.D, D.M
Professor & In-charge
Clinical Neurophysiology

DEPARTMENT OF NEUROLOGY
NEUROSCIENCES CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi – 110029 (India)
Tel.: Office : 26588500,26588700 Extn: 6688
Fax : 91-11- 26588663
Email : achalsrivastava@hotmail.com

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Ram Akabal Singh s/o late shri R D Singh 77yrs old vide UHID no. 104724801 is suffering from neurological disease- Parkinson's disease with hallucinations. Due to this neurological disorder the patient is confined to wheelchairs and needs help for daily life activities. He is undergoing my treatment and considering his age and ailments he is advised to regularly visit to AIIMS Neurology OPD at least once in a month so that his proper treatment can be done.

26/11/2020

Self Attested
Ram Singh
27/11/2020

(Dr Achal Kumar Srivastava)

डॉ. अचल के. श्रीवास्तव
Dr. ACHAL KR. SRIVASTAVA
आचार्य / Professor
तंत्रिका विज्ञान विभाग / Deptt. of Neurology
तंत्रिका विज्ञान केन्द्र / Neurosciences Centre
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-29

NEO HOSPITAL

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NABH
Certificate No. H-2013-0549

NABL ACCREDITED
Certificate No. : MC-0302

25/11/2020

To whomsoever it may Concern

This is to certify that Mr Ram Akbal Singh 41/7745/ s/o Shri R.D Singh (Aadhar card number — 759213401132) is under my treatment for Neurodegenerative disorder — Left Hemi Dystonia with hallucinations.

Due to his Neurological disease, patient is confined to wheelchair & Requires Assistance for Activities of daily life. He is also advised to follow-up Regularly in Neurology OPD.

Self Attested
Ram Singh
27/11/2020

25/11/2020

DR. RAJIV MOTIANI
MD, DM
REGD NO. DMC-13[illegible]
SR. CONSULTANT NEURO PHYSICIAN
NEO HOSPITAL, SECTOR 50, NOIDA

YASHODA HOSPITAL & RESEARCH CENTRE

2nd M.R.I. of Brain & Spine
5.11.20

YHRC/HRM/05/V1

SL. No.	:	---		Date	:	05/11/2020
Name	:	MR.	RAM AKABAL SINGH	Age /Sex	:	77Y/M
				Reg. No.	:	OPD

MRI SCAN BRAIN

PROCEDURE

Multiplanar imaging of the brain was performed using spin Echo and FSE pulse sequence with a dedicated & channel neurovascular coil on 1.5 tesla scanner. Serial high resolution T1 FLAIR, fast FLAIR & T2 weighted images were obtained in coronal sagittal & Axial planes along with T2 sequence and diffusion imaging.

FINDINGS

Diffuse age related cerebral atrophic changes are seen as prominence of cortical sulci, bilateral sylvian fissures, basal cisterns and ventricular system.
T2 / FLAIR hyperintensities are seen in subcortical & periventricular white matter suggesting chronic ischemic changes.

Chronic infarcts seen in bilateral ganglio capsular region.

Basal ganglia, thalami and internal capsules are normal. Corpus callosum is normal. No evidence of restricted diffusion.

The ventricular system is normal. The septum is in mid line. The fissures, sulci & basal cisterns are normal.

The pituitary gland, optic chiasma and bilateral parasellar regions appear normal.

The mid-brain, pons and medulla are normal. The cerebellum is normal.

Bilateral 7th & 8th cranial nerve complexes and internal auditory canals are normal.

Flow-voids of major intracranial arteries are grossly normal.

Note is made of left mastoiditis.

Please correlate clinically.

DR. PANKAJ AGARWAL
DMRD, DNB (Radio-Diagnosis)
(Consultant Radiologist)

DR. ALOK TRIPATHI
MD (Radio-Diagnosis)
(Consultant Radiologist)

Encoded by: varun

Note: (1) This report is NOT valid for medico-legal purposes.
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Satt Akabal Singh 22/11/2020

SL. No.	:	---		Date	:	05/11/2020
Name	:	MR.	RAM AKABAL SINGH	Age /Sex	:	77Y/M
				Reg. No.	:	OPD

MRI L. S. SPIN E SCREENING

FINDINGS:

Loss of lumbar lordosis is seen.

Vertebrae are normal in height.

Marginal osteophytes are seen at L2-L5 vertebra

The intervertebral discs are normal in height.

Partial degenerative disc desiccation changes are seen at L3-L4 to L5-S1 intervertebral discs seen as partial loss of bright signa! intensity of nucleus pulposus on T2 weighted Images.

Diffuse disc bulge is noted at L3-L4 to L5-S1 levels indenting the ventral thecal sac and narrowing the neural foramina.

Thickening of ligamentum flavum is noted at this level adding to the narrowing of thecal sac.

The primary lumbar canal is adequate in diameter with no evidence of stenosis. The lower end of the spinal cord, conus medullaris and rest of the nerve roots of the cauda equina are normal. The thecal sac is normal and CSF demonstrates normal signal intensity.

No intra spinal mass or pre/paravertebral collection seen.

IMPRESSION:

- ***Disc dessication with diffuse disc bulge at L3-L4 to L5-S1 levels as described above.***

Please correlate clinically.

DR. PANKAJ AGARWAL
DMRD, DNB (Radio-Diagnosis)
(Consultant Radiologist)

DR. ALOK TRIPATHI
MD (Radio-Diagnosis)
(Consultant Radiologist)

Encoded by: varun

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SL. No.	:	---		Date	:	05/11/2020
Name	:	MR.	RAM AKABAL SINGH	Age /Sex	:	77Y/M
				Reg. No.	:	OPD

MRI CERVICAL SPINE SCREENING

FINDINGS:

Loss of cervical lordosis is seen.

Vertebrae are normal in height and MR signals intensity.

Marginal osteophytes are seen at C3 to C5 vertebra.

The intervertebral discs are normal in height.

Partial degenerative disc desiccation changes are seen at all cervical intervertebral discs seen as partial loss of bright signal intensity of nucleus pulposus on T2 weighted Images.

Diffuse disc bulge is noted at all cervical levels indenting the ventral thecal sac and narrowing the neural foramina.

The visualized spinal cord is normal. The thecal sac is normal and CSF demonstrates normal signal intensity.

No intra spinal mass or pre/paravertebral collection seen.

Please correlate clinically.

DR. PANKAJ AGARWAL
DMRD, DNB (Radio-Diagnosis)
(Consultant Radiologist)

DR. ALOK TRIPATHI
MD (Radio-Diagnosis)
(Consultant Radiologist)

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Encoded by: varun

Attended
Akabal Singh
27/11/2020

SL. No.	:	---		Date	:	05/11/2020
Name	:	MR.	RAM AKABAL SINGH	Age /Sex	:	77Y/M
				Reg. No.	:	OPD

MRI DORSAL SPINE SCREENING

PROCEDURE:

Using the spine coil, images of the Dorsal spine was acquired in Sagittal T1 & T2.

FINDINGS:

Vertebrae are normal in height and alignment and shows normal marrow signal.

Partial degenerative disc desiccation changes are seen at multiple dorsolumbar intervertebral discs seen as partial loss of bright signal intensity of nucleus pulposus on T2 weighted Images.

Mild diffuse disc bulge is noted at multiple levels indenting the ventral thecal sac and narrowing the neural foramina.

Dorsal cord is normal in morphology and signal intensity. Thecal sac shows a normal CSF signal intensity.

No significant intraspinal mass or pre/ paravertebral soft tissue collection is seen.

Please correlate clinically.

DR. PANKAJ AGARWAL
DMRD, DNB (Radio-Diagnosis)
(Consultant Radiologist)

DR. ALOK TRIPATHI
MD (Radio-Diagnosis)
(Consultant Radiologist)

Encoded by: varun

Note: (1) This report is NOT valid for medico-legal purposes.
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Self Attested
Ram Akabal Singh
22/11/2020

YASHODA
Super Speciality Hospitals

1st M.R.I. of Brain.
(21.7.19)

Patient Name	Mr. Ram Akbal Singh		
Age/Gender	75 Yrs 2 Mths 23 Days/Male	**Bill Date**	21/07/2019 1:43PM
Reg No	388241	**Request Date**	
Bed No/Ward	OPD	**Ack. Date**	21/07/2019 6:48PM
Referred By	Dr. MUNESHWAR MANOHAR SURYAWANSHI	**Finalize Date**	22/07/2019 10:56AM
Report Stage	Final	**Lab No**	771988

MRI

MRI BRAIN CONTRAST

MRI.SCAN BRAIN WITH CONTRAST

PROCEDURE

Multiplanar imaging of the brain was performed using spin echo and FSE pulse sequences with a dedicated 8 channel neurovascular coil on 1.5 tesla scanner. Serial high resolution T1 FLAIR, FAST FLAIR & T2 weighted images were obtained in coronal, Sagittal & axial planes T1 weighted images were repeated in the coronal, axial & Sagittal planes following MR contrast administration.

FINDINGS

POSTERIOR FOSSA

Both cerebellar hemispheres and brain stem appear normal. Fourth ventricle appears normal in size, shape and position.

SUPRATENTORIAL

Evidence of few T2/FLAIR hyperintense foci in deep periventricular white matter of bilateral corona radiata and centrum semiovale regions suggestive of chronic ischemic lesions.

Generalised involutional changes seen compatible with the age of the patient with prominence of sulcal spaces and basal cisterns.

Rest of the bilateral cerebral hemispheres appear normal in morphology and signal intensity pattern.

Bilateral ganglio-thalamic nuclear complexes appear normal in morphology and signal intensity pattern.

Lateral & third ventricles are normal in size, shape & position with normal signal from within.

Rest of the basal cisterns, sulci and fissures are unremarkable

No shift of midline septum seen

Sella appears normal.

Dr. MAMTA MOTLA
HEAD&CONSULTANT RADIOLOGIST
Reg No - MCI-18275
MBBS,MD,DNB,FRCR.

NEO HOSPITAL

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NABH Certificate No. H-2018-0549

NABL ACCREDITED Certificate No. : MC-3302

Mr Ram AKABAL SINGH 77 years Male

Δ k/c/o HTN with longstanding

(L) hemidystonia with hallucinations

Serum ammonia ↑ed

Repeat Serum ammonia after 15 days

FIBROSCAN ✓

Collect serum ANA (IF) report

Physiotherapy → coordination exercises

℞

(1) Tab Telma H 40 (1) Daily (9Am)

(2) Tab Revocon 25 (½) 9Am ——— (½) 9pm

(3) Tab Melzap 0.25 (1) Daily (9pm)

(4) Cap Vibrant D (1) Daily (9Am)

(5) Cap Rifagut 400 (1) ~~(1)~~ (1)] 10 days

(6) Tab Samnite 400 (1) ——— (1)

(7) Syp Looz 20ml at bedtime

(8) Inj Ophreum 1 amp IM once a week (+ 4 doses)

DR. RAJIV MOTIARI
MD, DM
REGD. NO. : DMC 13687
SR. CONSULTANT NEURO PHYSICIAN
NEO HOSPITAL, SECTOR 50, NOIDA

Cert Attested
[signature] 27/11/2020

Review 3-days later
9/11/2020

The new health care destination

MULTISPECIALITY A unit of Muskan Medical Centre Pvt. Ltd.

Free lab sample collection from home within Noida. Contact : 9773639006 / 9773639007

GF100 7 5 291

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(15)

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NABH Certificate No. H-2018-0549

NABL ACCREDITED Certificate No. : MC-3302

P-1 | P-2 | P-3

Name	:	MR. RAM AKABAL SINGH	Age/Sex	:	77 YRS/MALE
UHID.	:	171079	Pt Mobile NO	:	07388748855
Issue Date	:	30-Oct-2020 12:06	Doctor's Name	:	Dr. RAJIV MOTIANI
Doctor's Dept	:	NEUROLOGY	Doctor's Timing	:	11:00 am to 2:00 pm (Mon to Sat)

Height :__________(cm) Weight :__________ (kg) Temp :__________ Pulse:__________
Pain Score(0-10): ______ Allergies If Any : __________ Bmi: ______ BP: _______(mmHg)

Br- 13/10

Δ k/c/. HTN with
Longstanding (L)
hemidystonia (5 years)
H/o hallucinatory behaviour +

(Only Listed investigations & Procedures as per CGHS Rates)

292448
Sugar
4.11.2020

Dr. SANJAY K...
C.M.O. I...
...ness Ce...
...ru Nag...
...002 (U.P.)

Advised

CBC, ESR, Sugar, HbA1c, KFT, LFT.
B12, D3, lipid profile.
ANA(IF), T3 T4 TSH,
Serum Ammonia

MRI Brain with Screening of whole spine

Rx
1. Tab Telma H 40 (1) Daily (9AM)
2. Tab Revocon 25 (1/2) Daily (9pm)
3. Tab Melzap 0.25 (1) Daily (9pm)

Review + 10 days

30/10/2020

Self Attested
27/11/2020

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली – 110029

Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

दिनांक
Date

विभाग
Deptt.

बरोविसं
O.P.D. No.

NC 2019/016/0020724 **Neurology -III** Charges Rs. 10.0/-

UHID: 104724801

Neurology

Date 31/08/2019 **WED,SAT**

Scr

Name RAM AKABAL SINGH 74Y /Male

S/O LATE SH RAJDEV

Phone No. 7388748855

Consultant Room 5 **Dr. ACHAL KUMAR SRIVASTAVA..**

SR Room:

Registration Time: 8.30 AM - 10.30 AM

Self Attested
Ram Singh
22/11/2020

NOTE DATED: 10/07/2019 13:30
LOCAL TITLE: NEUROLOGY DISCHARGE NOTE
STANDARD TITLE: NEUROLOGY CONSENT
VISIT: 10/07/2019 13:30 DR OFFICE

DEPARTMENT OF NEUROLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-29

DISCHARGE SUMMARY OPD NO:

NAME:SINGH,RAM AKABAL AGE:74 SEX:MALE
UHID NO:104-72-4801 CR NO: N-007518-19 PHONE NO: 7388748855
WARD:CNT V BED:5007 UNIT:III
ADDRESS:
D.O.A: 03/10/2019 D.O.D:07/10/2019

DIAGNOSIS:
Atypical Parkinsonism
PSP-CBS
Essential Hypertension.

CASE SUMMARY
Patient was apparently normal till 5 years ago when patient and his family members started to notice difficulty with walking. The first change noticed was a decrease in walking speed, followed by gradual decrease in arm swing, more on the left side of the body. This was followed by difficulty in turning, sudden episodes of freezing as well as multiple episodes of fals. Patient also complained of increase in effort required to lift his legs to keep forward, left more than the right side.
Patient then started to notice abnormal posturing of the left hand, with his thumb adducted and his fingers flexed, with pronation at the wrist. Abnormal posturing of the left leg was also noted, with the patient having a tendency to keep his left leg extended.
Patient had a history of speaking in his sleep, and majority of the episodes occurred between 12-2 am in th night. Patient also had a history of visual hallucinations. No other complaints.

PAST HISTORY
Hypertensive, on Telmisartan + Hydrochlorothiazide 40/12.5 2-0-0

PERSONAL HISTORY
Normal sleep, normal bowel and bladder, mixed diet.
Reformed smoker and alcohol consumer.

FAMILY HISTORY
Insufficient family history.

EXAMINATION
GENERAL EXAMINATION
BP:150/70mm of Hg PR: 87/mt CYANOSIS:-
PALLOR:- CLUBBING:-
LYMPH NODES:- PEDAL OEDEMA:-
ICTERUS:- CVS: S1S2 heard, no audible murmurs.
RESPIRATORY SYSTEM: B/L NVBS+

** THIS NOTE CONTINUED ON NEXT PAGE **

Ref 18 Attended
Rahul Singh
27/11/2019

10/07/2019 13:30 ** CONTINUED FROM PREVIOUS PAGE **

P/A: soft, non tender, no palpable organomegaly.

NERVOUS SYSTEM
HMF : MOCA 15/30. Frontal dysfunction present on dementia testing, with impaired TRAIL A, motor Luria and Graphic Luria tests, impaired go-no go, and impaired conflicting instructions test. FDS3 BDS2. Other lobar function tests intact.
SPEECH : Normal
CRANIAL NERVES : Downgaze partailly restricted, upgaze completely restricted. Broken saccades and pursuits. No other deficits in cranial nerves.
MENINGEAL SIGNS: None.
MOTOR EXAMINATION:- RIGHT LEFT
BULK :Normal and equal bulk all 4 limbs.
TONE :Rigidity present bilateral lower limbs, L>R. Upper limb tone normal.
POWER :RUL- 5/5 LUL- 5/5
RLL- 5/5 LLL- 5/5
CO-ORDINATION : Normal
ABNORMAL MOVEMENTS : None
SENSORY EXAMINATION:- No deficits noted to primary sensations on either side of the body. Cortical sensations impaired on the left hand.

REFLEXES
DEEP TENDON REFLEXES:- RIGHT LEFT
BICEPS : 1+ bilaterally
TRICEPS : 1+ bilaterally
SUPINATOR : 1+ bilaterally
KNEE : absent bilaterally
ANKLE : absent bilaterally

SUPERFICIAL REFLEXES RIGHT LEFT
CORNEAL : present bilaterally
ABDOMINAL : present bilaterally
PLANTAR : absent bilaterally

FRONTAL RELEASE REFLEXES : Palmomental and glabellar tap present.
CEREBELLAR SYSTEM : Normal on the right side. Could not be assessed on the left side.
EXTRA PYRAMIDAL SYSTEM : Dystonic posturing of the left hand present; thumb adducted, all fingers flexed, pronated at elbow. Dystonic posturing of the left leg present; extended at hip and knee.
Postural reflexes impaired; PULL test positive.
No bradykinesia noted
GAIT : Could not be assessed; unable to stand without support.
SKULL & SPINE : Normal

INVESTIGATION

WBC	6.21	10^3/µL
RBC	4.17	10^6/µL
HGB	12.5	g/100mL
HCT	36.2	%

** THIS NOTE CONTINUED ON NEXT PAGE **

Self Attested
RKB Singh
27/11/2020

10/07/2019 13:30 ** CONTINUED FROM PREVIOUS PAGE **

PLATELET COUNT	192	10^3/µL	
NEUTRO	66.3	%	
LYMPHO	20.6	%	
MONO	5.2	%	
EOSINO	5.8	%	
ALK PHOS (ALP)	86	"	
SGPT (ALT)	20	I.U.	"
SGOT (AST)	12	I.U.	"
ALBUMIN 3.7	gm%	"	
TOTAL PROTEIN	6.7	gm%	"
BILIRUBIN TOTAL	0.7	mg%	"
POTASSIUM	4.8	mEq/L	"
SODIUM 136	mEq/L	"	
URIC ACID	6.0	mg%	"
PHOSPHATE	4.1	mg%	"
CALCIUM 8.8	mg%	"	
CREATININE	1.1	mg%	"
UREA 52	mg%	"	
GLOBULIN	3.0	gm%	"
TRIGLYCERIDES	166	mg/dL	
LDL/HDL RATIO	4.1		
VLDL-CHOLESTROL	25	mg/dL	
HDL-CHOLESTROL	30	mg/dL	
LDL-CHOLESTROL	124	mg/dL	
TOTAL CHOLESTEROL	179	mg/dL	
HBA1C (EDTA WHOLE BLOOD)	7.1	%	
T4	4.98	ug/dL	"
TSH	1.5462	uIU/mL	"
25 oh Vitamin D	36.5	ng/mL	"
Active B 12	115.2	pmol/L	"

MRI:- suggestive of midbrain atrophy- s/o PSP.

DISCUSSION: Patient was admitted with the aforementioned complaints. On examination, patient had restricted upgazer and downgaze, and had features suggestive of CBS on the left side of the body, with impaired cortical sensations, dystonia of left hand and leg. Dementia testing revealed frontal lobe dysfunction. A provisional diagnosis of PSP-CBS was made.
Previous imaging showed midbrain atrophy s/o PSP.
Patient was started on Syndopa, with which he had symptomatic improvement of 10-20%, with decreased dystonia of the left side of the body, and mildly better walking speed. Patient was also started on Clonazepam for dystonia ans his decreased sleep.
His routine investigations were normal. His hospital course was uneventful.
His condition at discharge is satisfactory.

ADVISE ON DISCHARGE
1. T Syndopa 110mg 1-1-1 6 am – 2 – 8 pm

** THIS NOTE CONTINUED ON NEXT PAGE **

Self Attested
29/11/2020

2. T Clonotril 0.25mg 1-0-1
3. T Telmikind H (40/12.5) 1-0-1

Follow up in NEUROLOGY OPD after 2 weeks with Prof.A.K.SRIVASTAVA, NEUROLOGY CONSULTANT in room no:5 on after prior appointment

PLEASE LAMINATE THIS DOCUMENT & KEEP FOR FUTURE REFERENCE,Please make 2photocopies:for appointment-by mobile: 011-26589142, by online: www.aiims.edu

Signed by: /es/ DEVAVRATA SAHU
SENIOR RESIDENT
10/07/2019 13:56

Self Attested
Ram Singh
22/11/2019