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CARE FOR HAPPINESS TRUST MSME : UDYAM-UP-28-0094863
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PATEINT DETAILS

| | |
|-----------------------------------|---|
| PATIENT NAME | MASTER ABHIRAJ |
| PATIENT FATHER NAME | MR GANESH KUMAR |
| DOB AND GENDER | MALE/ 4M |
| DIEASE | HYDROCEPHALUS |
| TREATMENT HOSPITAL | CIVIL HOSPITAL, BASAI ROAD, SECTOR 10,HARYANA-122001 |
| UHID NO/TREATMENT COST | HGUR-350024795/ (HDU PAEDIATRIC SURGERY)/ 2.50L TO 3L Rs. |
| PATIENT FATHER OCCUPTION/ ADDRESS | LABOUR/ MUZAFFAR NAGR UP |



MR Report

| | | | |
|---------------|-------------|------------------|---------------------------|
| Patient Name | ABHIRAJ | Patient ID | HGUR-350024795 |
| Age/ Sex | 4M / M | Service Name | MRI Head Without Contrast |
| Accession No. | 1238107-879 | Scan Date Time | 01-10-2024 23:26:02 |
| Referred By | Dr Renu | Report Date Time | 04-10-2024 09:48 |

INVESTIGATION : MRI BRAIN

SEQUENCES OBTAINED USING A 1.5 TESLA SUPER CONDUCTING MRI UNIT

High-resolution SE-T1W, FSE-T2W, FLAIR & GRE-T2* sections in the axial plane. FRFSE-T2W sections in the sagittal & coronal planes. Diffusion imaging was also performed at B value 1000.

Clinical Indications:- Post caesarean

Prior Imaging:- None

Findings:-

The study reveals severe non-communicating hydrocephalus (Evans index 0.69); with massive dilation of both lateral ventricles such that most of the supratentorial compartment is now occupied by fluid filled lateral ventricles. There is marked effacement of residual parenchyma along the calvarium. Only minimal normal appearing parenchyma is present in the lower right temporal region. There is marked dilatation of third ventricle and its recesses. Prominent bilateral temporal horn is noted.

The fourth ventricle appears normal with midline location. No obstructing mass is seen. The brainstem and cerebellum appear normal.

The cerebellar tonsils are normally positioned. Limited evaluation of orbits does not reveal any significant abnormality.

IMPRESSION:

The study reveals severe non-communicating hydrocephalus (Evans index 0.69); with massive dilation of both lateral ventricles such that most of the supratentorial compartment is now occupied by fluid filled lateral ventricles. There is marked effacement of residual parenchyma along the calvarium. Only minimal normal appearing parenchyma is present in the lower right temporal region. There is marked dilatation of third ventricle and its recesses. Prominent bilateral temporal horn is noted.

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

HOSPITAL NO: HGUR-350024795

REPORT TIME: 04-10-2024 09:48

HealthMap Diagnostics Private Limited

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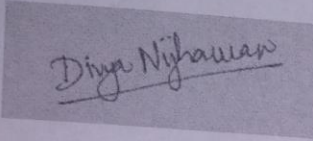


| | | MR Report | |
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These findings possibly represent gross hydrocephalus likely due to underlying aqueductal stenosis.

Advice: Clinical / lab parameter correlation.

This is a professional opinion and not diagnosis. Please correlate clinically & with other investigations. This report is not valid for medico legal purposes.



Dr. Divya Nijhawan
Consultant Radiologist
M.B.B.S., MD

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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Our Specialities :



Pediatric Neurology

Dr. Ajit Singh Baghel

MD, DNB (PEDS), FELLOWSHIP IN PEDS NEUROLOGY.

EX. SR. PGIMER CHANDIGARH (PEDIATRIC NEUROLOGY.)

Consultant Pediatric Neurologist at Artemis Hospital, Gurugram

NEURO FLUX NEUROLOGY CENTER & NEURODIAGNOSTIC CENTER

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DR. AJIT SINGH BAGHEL

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Fellowship in Pediatric Neurology (Pune)
Ex PGIMER Chandigarh SR (Peds Neurology)
Consultant Pediatric Neurologist, Artemis Hospital, Gurugram
Mob. : 9920223520



Neuroflux

Neurology Clinic & Neurodiagnostic Center
The Neurodiagnostic Specialist

Name: Mast Abhiraj (M , 17 Weeks)

Date & Time: 04-Oct-2024; 06:18 PM

Contact : +91-8826628246

Patient ID: IUZ1EH16WBCO

CHIEF COMPLAINTS: c/o large size head since the age of 2 months, birth history - FT/LSCS/CIAB , no complication, irritable behavior, intermittent vomiting +. HC=45.5cm , large tense fontanale, MRI s/o obstructive hydrocephalus (aqueductal stenosis)

DIAGNOSIS: obstructive hydrocephalus

Rx

| SI | Medicine Name | Regime and Instruction |
|----|--|----------------------------|
| 1 | DIAMOX TAB ACETAZOLAMIDE (250MG) | 0 - 0 - 1/4 for 21 days |

Dr. Ajit Singh Baghel
MD, DNB (Peds)

Fellowship in Pediatric Neurology
Consultant - Pediatric Neurologist
Neuroflux Neurology Center,
New Railway Road, Gurugram-122001
M. : 9920223520

Regn. No. : HMC-011933, MCI-10/366649
Dr. Ajit Singh Baghela

ADVICE:

- vp shunt to be done after neuro-surgeon opinion

{ Dr. Anurag Sharma.
9560703163. }

Ped. Neuro-surgery

Ambala Hospital

Fairdabad.

First Floor, New Railway Road, Near Chand Gas Agency, Exact Opp. Modern Diagnostc, Gurugram-122001 Haryana

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7/10/24

MRD

Master Asthooj

17 weeks / male

Hydrocephalus ? Agredent stenosis

- Twin delivery, CS, @ 38-39 weeks.
- Delayed cried ~~immediately after birth~~ after birth as per notes / NO H/O meningitis
- ↑ in head size since 2 mths
- HC - 45.5 cm
- Smart baby (+)
- AF - tense
- WT - 3.6 kg.

Na+Ked
Obstetric gross
HCL.

Ad / Need VP shunt. to GA

Paediatric echo

CBC / KFT / Visual markers / PT-INR
↓
HIV / HBsAg / HCV.


Dr. Sachin Gupta
Senior Consultant, Assistant Professor
Neuro Surgery
Amrita Institute of Medical Sciences
& Research Centre, Faridabad
Reg. No. HN21839





भारत सरकार

Government of India



रीतु देवी

Ritu Devi

जन्म तिथि/ DOB: 01/01/1992

महिला / FEMALE



7482 7274 1021

मेरा आधार, मेरी पहचान

Issue Date: 28/02/2015



भारत सरकार
Government of India

गणेश कुमार
Ganesh Kumar
जन्म तिथि/DOB: 01/01/1987
लिंग/ MALE



4720 4989 9598

VID : 9106 1306 8911 1944

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