



गुरु तेग बहादुर अस्पताल, शाहदरा, दिल्ली-110095
GURU TEG BAHADUR HOSPITAL, SHAHDARA, DELHI-110095

डाक्टर के आदेश / DOCTOR'S ORDERS

नाम Name	आयु Age	लिंग Sex	के.ए. सं. C.R. No.
वार्ड Ward	विस्तार Ext	इकाई Unit	95756

Ayesha 7years/female III

सभी आदेशों के आगे आद्यक्षर करें। रद्द करने के लिए बीचों बीच काटें और उसके आगे अपने आद्यक्षर करें। पश्चात् पलटने पर और बड़ी शल्य क्रियाओं के बाद सभी आदेशों को दुबारा लिखें।

INITIAL ALL ORDERS. CANCEL BY CROSSING THROUGH AND INITIALLING / REWRITE ALL ORDERS WHEN TURNING OVER AND AFTER MAJOR OPERATIONS

तारीख Date	आदेश/ORDERS (दवाइयां, टीके और अन्य चिकित्साएं, अन्वेषण/Medicines, Injections & Other Treatment, Investigations)
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15/12/2023

Case summary

Ayesha 7years/female; ~~10~~ chronic abdominal pain. On evaluation, TB contact +, Mantoux - >10mm, ct Abdomen sp? Infected duplication cyst. child was started on ATT (August 2023) then subsequently the child had recurrent episodes of pain abdomen, in october 2023 → investigations sp ATT induced hepatitis and child was started on modified ATT. Symptoms didnot resolved and child had episode of recurrent sub acute intestinal obstruction. CE-MRI done sp Intestinal duplication cyst. ATT with hold on 12/12/22. child is being referred to Pediatric surgery Kalawati Karam children Hospital for further evaluation & management in/fo n/a availability of Pediatric surgery in G.T.B.H.

डाक्टर के आदेश / DOCTOR'S ORDERS

Dr. RAJ LAKSHMI
Deputy Resident
UCMS & GVTM
Pediatrics
Delhi-95

54

m-141

Annexure - 32

सूक्ष्म जीव विज्ञान विभाग-1
DEPARTMENT OF MICROBIOLOGY-1

यू.सी.एम.एस. व गुरु तेग बहादुर अस्पताल, दिल्ली-110095
U.C.M.S. & G.T.B. HOSPITAL, DELHI-110095

के० पं० सं०
Central Regd. No.
बा० रो० वि० सं०
O.P.D. No. 549449
इकाई
Unit III

नाम आयु लिंग पु०/स्त्री
NAME AGE SEX M/F
Ayesha 7 F
वार्ड बिस्तर सं०
Ward Bed No.

प्रतिदर्श दिनांक संग्रह
SPECIMEN DATE a. Collection
CBC/LFT प्राप्त होने की
b. Received on

- 13
Investigation - D
V - 12

प्रत्यक्ष चिकना द्रव
Smear
उत्कृष्ट
Culture
सीरमविज्ञान
Serology

फंगल
Fungal
ए एफ बी
AFB
TLC 4700
Platelet 350
PVC 32.7

अनुमानित निदान

Provisional Diagnosis

पूर्व प्रतिवेदन व एन्टीबायोटिक उपचार

Previous Reports and Antibiotic Therapy

अपूर्ण प्रपत्र स्वीकार नहीं किये जाएंगे

INCOMPLETE FORMS WILL NOT BE ACCEPTED

हस्ताक्षर

SIGNATURE

सूक्ष्म जीव विज्ञान विभाग-II
DEPARTMENT OF MICROBIOLOGY-II
यू०सी०एम०एस० व गुरु तेग बहादुर अस्पताल, दिल्ली-110095
U.C.M.S. & G.T.B. HOSPITAL, DELHI-110095

के० पं० सं०
Central Regd. No. 78792m-77
बा०रो०वि० सं०
O.P.D. No.

नाम NAME	आयु AGE	लिंग SEX	पु०/स्त्री M/F	इकाई Unit	विस्तर सं० Bed. No.
Ayesha	तेग		F	IV	MCH10
प्रतिदर्श SPECIMEN		दिनांक Date		संग्रह दिनांक a. Collection प्राप्त होने की तारीख b. Received on	
		20.10.22			

अन्वेषण Investigation—D	प्रत्यक्ष चिकना द्रव Direct Smear	उत्कर्ष Culture	संवेदनशीलता Sensitivity
	LFT		वातित Aerobic अवातित Anaerobic

53
अनुमानित निदान
Provisional Diagnosis

पूर्व प्रतिवेदन व एन्टीबायोटिक उपचार
Previous Reports and Antibiotic therapy

अपूर्ण प्रपत्र स्वीकार नहीं किये जाएंगे
INCOMPLETE FORMS WILL NOT BE ACCEPTED

Dr. ARSHAD
PG Resident
Dept. of Paediatrics
UCMS & G
हस्ताक्षर
SIGNATURE
1011-95

54

Annexure-32

सूक्ष्म जीव विज्ञान विभाग-1
 DEPARTMENT OF MICROBIOLOGY-1
 यू.सी.एम.एस. व गुरु तेग बहादुर अस्पताल, दिल्ली-110095
 U.C.M.S. & G.T.B. HOSPITAL, DELHI-110095

कें. पं. सं.
 Central Regd. No. 78 972
 ब्रा. रो. वि. सं.
 O.P.D. No. MCH IV
 इकाई
 Unit Unit IV

नाम NAME	आयु AGE	लिंग SEX	पु./स्त्री M/F	वार्ड Ward	विस्तर सं. Bed No.
Ayesha	7y	F			

प्रतिदर्श SPECIMEN	दिनांक DATE	संग्रह a. Collection प्राप्त होने की b. Received on
UFT	23.10.23	

अन्वेषण Investigation—D	प्रत्यक्ष चिकना द्रव Smear	उत्कर्ष Culture	सीरमविज्ञान Serology
		फंगल Fungal ए एफ बी AFB	

अनुमानित निदान
 Provisional Diagnosis

पूर्व प्रतिवेदन व एन्टीबायोटिक उपचार
 Previous Reports and Antibiotic Therapy

अपूर्ण प्रपत्र स्वीकार नहीं किये जाएंगे
 INCOMPLETE FORMS WILL NOT BE ACCEPTED

Dr. ARSHAD
 PG Resident
 Der. Paediatrics
 UCMS & GTBH, Delhi-95
 हस्ताक्षर
 SIGNATURE

V-19

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi



गुरु तेग बहादुर अस्पताल
GURU TEG BAHADUR HOSPITAL, DILSHAD GARDEN, DELHI-110095

EMERGENCY REGISTRATION CARD

UHID No. 0074454

आपातकालीन पंजीकरण कार्ड

IPD No.

Emergency Regn. No. आपातकालीन पंजीकरण सं०	GTBE-362095	Date / Time तिथि व समय	06/10/2023 02:47PM 06-10-2023	MLC No.	
Name/ नाम Father/Husband Name पिता व पति का नाम	AYUSHI	Age आयु	7	Sex लिंग	FEMALE
Address पता	SHD, NEW DELHI - DELHI - INDIA			Religion (धर्म) Deptt.	Peeds Emerg

Handwritten notes:
BCL
13/10

16. 2/4

505

प्रयोग सं.
Lab. No.
दिनांक
Date

Kindly give reports for this
pt. ~~ADA~~ Ayasha, admitted in
(7/F) 78972 & U₄

हस्ताक्षर व मोहर
Signature with stamp

MCH-4

Na.....mmol/L K.....mmol/L
UREA.....mg/dl CREA.....mg/dl
U.ACID.....mg/dl Amy.....IU/L
CAL.....mg/dl Phos.....mg/dl
TP.....g/dl ALB.....g/dl
D.BIL.....mg/dl TBIL.....mg/dl
SGPT.....IU/L SGOT.....IU/L
प्रतिक्रमन
Report

Handwritten values:
0.4
139
0.5
29

Thank you,
Dr. ROHAN BHATT
PG Resident
Department of Paediatrics
UCMS & GTBH, Delhi-9

MGIPRRND

ROSS-

06-Oct-23 2:46 PM

सूक्ष्म जीव विज्ञान विभाग-1

Annexure-32

DEPARTMENT OF MICROBIOLOGY-1

यू.सी.एम.एस. व गुरु तेग बहादुर अस्पताल, दिल्ली-110095

U.C.M.S. & G.T.B. HOSPITAL, DELHI-110095

क. पं. सं.
Central Regd. No.
बा. गं. वि. सं.
O.P.D. No.
इकाई
Unit

नाम NAME	आयु AGE	लिंग SEX	पु./स्त्री M/F	वार्ड Ward	बिस्तर सं. Bed No.
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प्रतिदर्श SPECIMEN	दिनांक DATE	संग्रह a. Collection प्राप्त होने की b. Received on
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अन्वेषण Investigation—D	प्रत्यक्ष चिकना द्रव Smear	उत्कर्ष Culture	सीरमविज्ञान Serology
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फंगल
Fungal
ए एफ बी
AFB

अनुमानित निदान
Provisional Diagnosis

पूर्व प्रतिवेदन व एन्टीबायोटिक उपचार
Previous Reports and Antibiotic Therapy

अपूर्ण प्रपत्र स्वीकार नहीं किये जाएंगे
INCOMPLETE FORMS WILL NOT BE ACCEPTED

हस्ताक्षर
SIGNATURE

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi



गुरु तेग बहादुर अस्पताल
GURU TEG BAHADUR HOSPITAL, DILSHAD GARDEN, DELHI-110095
EMERGENCY REGISTRATION CARD

UHID No.4024454.....

आपातकालीन पंजीकरण कार्ड

IPD No.

Emergency Regn. No. आपातकालीन पंजीकरण सं०	GTBE-362095	Date / Time तिथि व समय	06/10/2023 02:47PM 06-10-2023	MLC No.	
Name/ नाम Father/Husband Name पिता व पति का नाम	AYUSHI	Age आयु	7	Sex लिंग	FEMALE
Address पता	SHD, NEW DELHI - DELHI - INDIA			Religion (धर्म)	
				Deptt.	Peds Emerg

16. 7/10

Date	History / Clinical Findings / Reports	Treatment / Instructions
	Brought By:- Kp/O abdominal kach. an ATT started in August 2023	
	Now ↓ child having vomiting x 2 day Pain abdomen x 1 day.	
	o/c - No Interm.	
5/2023	6/10/2023	oral intake well
33/15	← SAT PT - 79/73	vitals
	AP - 199	HR - 86/-
	MP - 0.6	RR - 24/-
	MP - 0.3	PaO2 / C - 97% @ 20L
	Wb - 10.9	CR - second
	ThC - 9700	cat - none
	Net - 350	BP -

ROSS-

06-Oct-23 2:46

47

Annexure - 32

सूक्ष्म जीव विज्ञान विभाग-1

DEPARTMENT OF MICROBIOLOGY-1

यू०सी०एम०एस० व गुरु तेग बहादुर अस्पताल, दिल्ली-110095
U.C.M.S. & G.T.B. HOSPITAL, DELHI-110095

के० पं० सं०

Central Regd. No.

78972

वा० रो० वि० सं०

O.P.D. No.

MCH-4

इकाई

Unit

IV

नाम

NAME

Ayesha

आयु

AGE

7

लिंग

SEX

F

पु०/स्त्री

M/F

वार्ड

Ward

विस्तर सं०

Bed No.

प्रतिदर्श

SPECIMEN

X-ray Abdomen
Erect

दिनांक

DATE

संग्रह

a. Collection

प्राप्त होने की

b. Received on

अन्वेषण

Investigation—D

प्रत्यक्ष चिकना द्रव

Smear

उत्कर्ष

Culture

सीरमविज्ञान

Serology

फंगल

Fungal

ए एफ वी

AFB

23/10/23

अनुमानित निदान

Provisional Diagnosis

पूर्व प्रतिवेदन व एन्टीबायोटिक उपचार

Previous Reports and Antibiotic Therapy

अपूर्ण प्रपत्र स्वीकार नहीं किये जाएंगे

INCOMPLETE FORMS WILL NOT BE ACCEPTED

Dr. ROHAN BHATT

PG Resident

Department of Paediatrics
UCMS & GTBH, Delhi-95

SIGNATURE

GURU TEG BAHADUR HOSPITAL

बा. रो. वि. कार्ड (O.P.D. CARD)

OUTPATIENT REGISTRATION CARD COUNTER FOIL
(To be retained by the attending doctor)

OPD Regn No. GTBO:- 785326

Diagnosis

(Provisional / Final)

बा० रो० वि० रजि० नं०

ICD 10 Code

Remarks

बा. रो. वि. कार्ड
OUTPATIENT REGISTRATION CARD

गुरु तेग बहादुर अस्पताल

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi

GURU TEG BAHADUR HOSPITAL, DILSHAD GARDEN, DELHI-110095



ICD 10 Code

UHID No. 1228666

OPD Regn No. GTBO:- 785,326

Dept./Unit

Unit Days

Room No.

Token No.

बा० रो० वि० नं०

Date / Time

18-11-2023 10:17AM

PAEDS

WED/SAT

कमरा नं०

03

टोकन नं०

121

तिथि / समय

18-11-2023

Name / नाम

Father / Husband Name AYESHA

Age

7

Sex

लिंग

Female

Religion

धर्म

पिता / पति का नाम

Address

KHORA COLONY, GAZIABAD - UTTAR PRADESH - INDIA

Category : General/BPL/ EWS/DGEHS/Sr

GENERAL

Citizen / Others

1228666

Provisional Diagnosis

Mob.No.:-

Referral to Deptt

Date

Investigations

History/Clinical/Findings/Reports

Treatment / Instructions

खसरा-रूबैला टीकाकरण अभियान में 9 माह से 5 साल के बच्चों को टीका लगाया जायेगा,
6 फरवरी 2023 से 6 मार्च 2023 तक...

दो बीमारियों को हराएंगे.. खसरा का टीका लगवायेंगे ।

92

P/O/C 18.11.23

Abdominal Koch's & intestinal
duplication cyst-

visit for flu.

O/C - GC - stable

vitals - stable

S/E - WNL

Mr.

① continue ATT.
(AP+AE).

② T. Pyridoxine 10mg OD.

③ T. Multivitaminia 1 tab OD X 1month

④ Larger sign explained

⑤ Flu in Peds EPO - wed / EM Sr

शराब बीमारी को लाईलाज बना देती है । अस्पताल परिसर में घूमपान निषेध व दण्डनीय अपराध है ।

मास्क पहने। हाथ धोयें। सामाजिक दूरी का ध्यान रखें।



गुरु तेग बहादुर अस्पताल
GURU TEG BAHADUR HOSPITAL, DILSHAD GARDEN, DELHI-110095
EMERGENCY REGISTRATION CARD

UHID No. 1306380

आपातकालीन पंजीकरण कार्ड

IPD No.

Emergency Regn. No. GTBE-447932	Date / Time 11/12/2023 10:52PM	MLC No.
आपातकालीन पंजीकरण सं०	तिथि व समय 11-12-2023	Religion (धर्म)
Name/ नाम AYESHA	Age आयु 7	Sex लिंग FEMALE
Father/Husband Name पिता व पति का नाम		Deptt. GYNAE

Address
पता KHORA COLONY, GAZIABAD - UTTAR PRADESH - INDIA

Date	History / Clinical Findings / Reports	Treatment / Instructions
	<p>Brought By:- wt 16.7 kg</p>	<p>F/U/c/o Abdominal & Intestinal Noch duplicatⁿ cyst</p> <p>c/o pain Abdomen. x 1d.</p> <p>c/o Vomiting 5-6 episodes x 1d.</p>
<p>B: A/C/C</p> <p>PR - B21 -</p> <p>RR - 231 -</p> <p>E - 4/4 an J - INT -</p> <p>PIA - 2/4, NT, ND.</p>	<p>Ado</p> <p>- Inj Buscopan 20mg iv. sta</p> <p>↓</p> <p>massen</p> <p>primamp soned</p> <p>Ado:</p>	<p>DR. K. S. ... Senior Resident Dept. of Paediatrics</p>
		<p>- T. Buscopan (40) 1/2 tab sos.</p> <p>- contel. ATT as advised.</p>

DR. KOYE ...
Senior Resident
Dept. of Paediatrics

11-Dec-23 10:...

DEPARTMENT OF RADIOLOGY
UCMS & GTB HOSPITAL, DILSHAD GARDEN, DELHI-95

NAME-AYESHA

CT ID-15314

AGE/SEX-7Y/F

DATE- 03/08/23

NO. OF FILMS:2

NCCT & CECT ABDOMEN

Thin axial sections taken from dome of diaphragm down to the pubic symphysis before and after I.V. contrast and multiplanar reconstruction done later

A well defined oval shaped ^{fluid density} hypodense lesion (mean attenuation=10HU) meas. approx.. 3.9cm x 2.6cm x 2.4cm (TR X AP X CC) seen in right inframesocolic compartment/right iliac fossa. The lesion shows enhancing walls (wall thickness=3.2mm) and non dependent air foci in it. Anteriorly it is seen communicating with the ileal loop which shows long segment homogenously enhancing thickened walls (wall thickness=3.2mm). Anteroinferiorly it is abutting urinary bladder; posterolaterally terminal ileum; posteromedially sigmoid colon and superiorly ileal loops. There is fat stranding in the surrounding mesentery/omentum. Liver- appears normal in size(8.5cm), shape and attenuation. No focal lesion seen. Hepatic vessels and portal vein are normal. No IHBR dilatation noted.

GB- is well distended. Walls are of normal thickness. No calculus is seen. Pericholecystic fat is well visualized.

CBD- is normal in calibre tapering smoothly towards its lower end. No calculus is seen.

Spleen- normal in size, shape, attenuation and enhancement. Splenic vessels are normal.

Stomach- distended and having normal attenuation.

Rest of the small and large bowel loops grossly appear normal in course and caliber

Pancreas- is normal in size & outline. Parenchymal enhancement is homogenous with no evidence of any focal SOL, calcification. Pancreatic duct is not dilated. Peripancreatic fat planes are maintained. Splenoportal axis is normal.

Right kidney- is normal in size & shows homogenous enhancement of the parenchyma with maintained CMD

Left Kidney- is normal in size & shows homogenous enhancement of the parenchyma with maintained CMD

B/L suprarenals are normal in size, shape and attenuation and enhancement.

UB- Distended and shows normal wall thickness

Aorta, IVC and major abdominal vessels are normal in calibre and contrast opacification.

Few subcentimetric homogenously enhancing lymph nodes seen in the mesentery

No free fluid seen in the peritoneal cavity

Visualised bones and lungs are normal.

On USG correlation the lesion in the RIF shows gut signature sign with surrounding inflammation and interbowel fluid

IMPRESSION:- Peripherally enhancing ^{fluid containing} lesion in the right inframesocolic compartment showing communication with the ileal loop with surrounding inflammatory changes.

Possibilities to be considered:-

1. Infected duplication cyst
2. Sealed perforation with collection

SR

CONSULTANT

Dr. SAGAR NAYAK
Senior Resident
Dept. of Radio-Diagnostics
UCMS & GTB, Delhi-95
Phone No. 211239

Dr Anupama Tandon

W/A 16.5kg 21.9kg 3-10th
 H/A 120cm 120.7cm 25-50th
 BMI 11.5 15.1 <3rd

गुरु तेग बहादुर अस्पताल, दिलशाद गार्डन, दिल्ली-110095

GURU TEG BAHADUR HOSPITAL, DILSHAD GARDEN, DELHI-110095

रोगी विमुक्ति सारांश

PATIENT DISCHARGE SUMMARY

रोगी का नाम PATIENT'S NAME	आयु एवं लिंग AGE & SEX	पता ADDRESS
ATESHA	7yrs / F	D-22, Azad Vihar, Khora Colony, Ghaziabad, UP

के.पं.सं. C.R. No.	बा.रो.कार्ड सं. OPD Card No.	वार्ड/बैड Ward/Bed	यूनिट Unit	प्रवेश तिथि Date of Admission	विमुक्ति तिथि Date of Discharge	विमुक्ति के समय हालत Condition of Discharge	एमएलसी/ नान एमएलसी केस MLC/Non-MLC case
78972	Mch-4	4	16/10/23	4/11/23	stable	NON MLC	

सारांश :

BRIEF SUMMARY:

इतिहास और रोग संबंधी तथ्य
History and Clinical Findings
 40 Pain abdomen
 Vomiting
 ATT started on August 2023.
 O/E: PR: 82bpm
 P ⊕ RR: 22/min
 Subcutaneous
 PA: L3cm SNP.
 CVS
 CNS WNL
 (Investigations overleaf)
 RS

किया गया ईलाज/आपरेशन तथ्य/
निश्चेतनता विधि
 8 days treatment given/operative Findings/anaesthesia procedure
 modified ATT
 ATT (continuation phase)
 pyridoxine
 pantop
 Buscopan

WT-16.5k
 K/10 Abdominal Koch's - ATT was started 2 months back
 1/11/23
 TB and feature
 showing? meenteric cyst? sealed
 course of stay in the Hospital
 Intestinal cyst. Patient has had multiple episodes of pain abdomen presented multiple times to ER acute abdomen. Patient was feverishly being treated as a complicated UTI in 2020. This Patient was admitted as a c/o & on ~~the~~ modified ATT was started. But with course of time it was wrong diagnosis. No In was DLE & Again complete ATT started. on patient suddenly started to complain severe abdominal pain esp. in RLQ force & pelvic region was not getting despite all the medications. USG done in RLQ region cyst? Hyaline - so opinion given. MFI Pelvic down to duplicated Intestinal cyst. Case discussed. Dr Anur Gupta Sir Sir who discussed case in radiology department & came to the conclusion that this Intestinal abdominal wall cyst Not duplicated in cyst & Possibility of TB can't be ruled out. Hence ATT continued. To keep a
 SIGNATURE, FULL NAME & DESIGNATION OF THE RESIDENT DOCTOR

अंतिम निदान/Final Diagnosis: Abdominal Koch's & Intestinal Duplication Cyst

विमुक्ति पर सलाह/Advice on Discharge:

- 1) ATT (Continuation phase) w.e.f. 3/11/2023
 4P+4E [H200 R300 E400] OD
- 2) ATT. Pyridoxine 10 mg OD
- 3) Tab Pantop 20 mg 1 tab OD - BBP
- 4) Tab multivitamin 1 tab OD x 1 month
- 5) Danger signs explained. Review SOS
- 6) F/U in Paeds OPD on Wed/Sat 9AM after 2 weeks (Room No. 3).

Dr. MEENA CHODHARY
 Senior Resident
 Dept. of Pediatrics
 UCMS & GTB, Delhi-95
 DMCR/19286



Dr. Savita Jain

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Pt.Name:	Baby. AAYESHA	Reg.No:	AICJ/23-24/010988
Age/Gender:	7 Y/Female	UID:	022310230046
MobileNo:	9910448090	Registered:	23/Oct/2023 08:34PM
EmailID:		Reported:	24/Oct/2023 06:01PM
Referred By:	Dr. GTB HOSPITAL	Panel:	AIC
Pt.Address:	H.NO. D 322 AZAD VIHAR KHODA COLONY		

IMPRESSION:

- Evidence of thick walled T2 hyperintense cystic lesion is noted in the right adnexa, measuring approximately 5 x 4.4 x 4.5 cm in size (AP x ML x SI). No evidence of any internal restricted diffusion. Few dependent T2 low signal intensity areas are noted within the lesion - likely representing debris. Tiny low signal intensity focus is seen along the anterior aspect of the lesion - representing free air. No internal T1 hyperintense haemorrhagic areas. Mild mass-effect on the uterus is seen which is displaced towards left side
- Both ovaries are seen separately and appear normal in size and morphology.
- No free fluid in the pelvis. No significant inflammatory changes in the visualized lower abdomen and pelvis.
- Imaging features favor possibility of intestinal duplication cyst rather than ovarian cyst. Clinical correlation and interval follow up scan is advised.

Thanks for the reference.
With regards,

Dr. Rahul Pranjale (DNB)
MMC No. - 0941/2018
Consultant Radiologist

"In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional Opinion, not a diagnosis or not valid for medico-legal purpose."



Dr. Savita Jain

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Pt.Name:	Baby. AAYESHA	Reg.No:	AICJ/23-24/010988
Age/Gender:	7 Y/Female	UID:	022310230046
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Pt.Address:	H.NO. D 322 AZAD VIHAR KHODA COLONY		

MRI PELVIS (PLAIN)

STUDY PROTOCOL: Multiplanar MRI of pelvis was performed using T1/ T2 weighted spin echo, STIR & T2 weighted gradient echo sequence.

OBSERVATIONS:

Evidence of thick walled T2 hyperintense cystic lesion is noted in the right adnexa, measuring approximately 5 x 4.4 x 4.5 cm in size (AP x ML x SI). No evidence of any internal restricted diffusion. Few dependent T2 low signal intensity areas are noted within the lesion - likely representing debris. Tiny low signal intensity focus is seen along the anterior aspect of the lesion - representing free air. No internal T1 hyperintense haemorrhagic areas. Mild mass-effect on the uterus is seen which is displaced towards left side.

Both ovaries are seen separately and appear normal in size and morphology.

No free fluid in the pelvis. No significant inflammatory changes in the visualized lower abdomen and pelvis.

Urinary bladder is normal in outline & wall thickness.

The vascular structures are normal.

Uterus appears normal in size for the age.

There is no free fluid.

No enlarged nodes are seen.

Rectum is unremarkable.



भारत सरकार
Government of India



Issue Date: 16/03/2012



सुनील कुमार
Sunil Kumar
जन्म तिथि/DOB: 07/12/1990
पुरुष/ MALE

8444 0030 8839

VID : 9148 3455 5193 5043

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

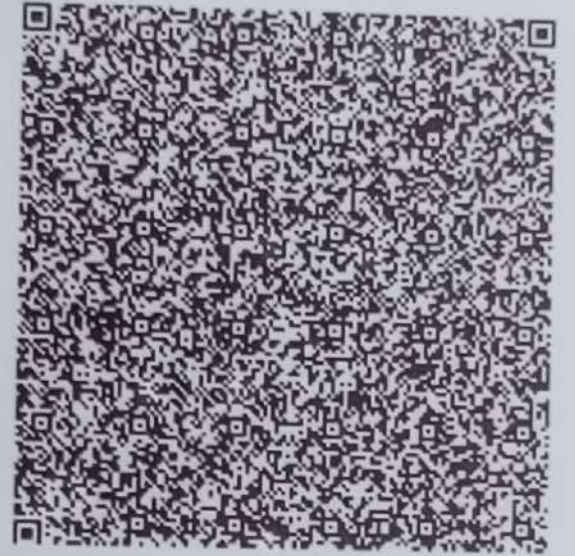


पता:

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ABHISHIKHA TRUST

S. No. 4.....

Date: 19/1/2023

सेवा में

गीमान ट्रस्टी महोदय जी

ABHISHIKHA TRUST

G-3, Gali, No. 7 Pusta

Sonia Vihar, Delhi - 110094

महोदय

मेरा नाम सुनील कुमार है मैं आज्ञाद विहार, गाजियाबाद का निवासी हूँ। मेरी बेटी को पैर में अकड़नी में इन्फेक्शन हुआ था, मैंने उसका बहुत इलाज कराया पर वो ठीक नहीं हुआ और बहुत कैंस गया आज मेरी बच्ची को दानात बहुत ज्यादा खराब है। मैं बहुत गरीब हूँ मेरी बच्ची का आपरेशन कराने में असमर्थ हूँ। आभिशिकहा ट्रस्ट ने मेरी बहुत मदद की मुझे आगे भी मदद की जरूरत है। मेरी मदद करें,

धन्यवाद

सुनील

