Click Here To Help Master Abhishek

UNDER ARMOUR
SOUTHERN Silks
D-171, Near Sai Baba

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
वहिरंग रोगी विभाग /Out Patient Department
अस्पताल के अन्दर धूमपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

एकक/Unit
विभाग/Dept.
ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 10582 1193.

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
ABHISHEK		7	M,	

निदान/Diagnosis SSPE

दिनांक/Date 4/3/22.

उपचार/Treatment

EEG: Diffuse cerebral dysfunction.
CSF measles IgG: Positive.
Adv: (a) Syp Valproate (200mg/5ml)
10ml ——— 10ml
(b) Syp Levera (100mg/ml)
5ml ——— 5ml
(c) Tab Clonazepam 0.25mg
1/2 ——— 1 Tab.
(d) NG feeds.
(e) Tab ISOPRINOSINE 500mg
1 ——— 1 ——— 1
(f) F/A 2 mo in PNC, wed, 2PM.

- Parents explained about prognosis.

- Repr EPIOM, Wgt [illegible] admitted.

Mobile/Laptop – www.pedneuroaiims.org – Parents corner
Sheffaligulati1@gmail.com
For Appointment call – 011-26594679 between 2:00-5:00 pm (Monday
Email Id-aiimsdlpedneuro@gmail.com
Child Neurology Helpline -- 1800117776

...HOSPITAL
Out Patient Department
धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

New Patient
Dept Reg. 2022/003/0001704
Paediatrics/Paediatric /Unit-II
General/₹ 10
कमरा/Room: 5
नाम: अभिषेक
Days : TUE,FRI(मंगल,शुक्र)
Name:Mr ABHISHEK
Queue No : N3
पिता : रूप सिंह
7Y पुरुष/M
S/O ROOP SINGH
UHID : 105821195
Date.22/02/2022

V-106-22 OPR-6 → Rm-12

बा॰रो॰वि॰ पंजीकृत सं०/O.P.D. Regn. No.

आयु Age	पता/Address

निदान/Diagnosis PME phenotype — ? SSPE

दिनांक/Date

38

24/02/22
CS-Daycare
↑ @ 8 AM
NPO

LP for measles IgG to NIMHANS

MRI Brain
Asymmetric WM hyperintensities (+)

EEG:
Bursts of delta waves superimposed spikes

उपचार/Treatment

(N) till 6 mo ago.
Myoclonic jerks.
↓
GTCS
↓
Cognitive decline.

- Currently: Non-ambulatory x 2 mo.
Mute.
Myoclonus persisting.
Sz persisting.

O/E: Mute.
$E_4V_2M_M$
Tone
Power | (N)
DJR

Admitted in CNBC: Treated as ADEM.
Received MP pulse → oral steroids.
↓
at 2 mg/kg/day of Prednisolone currently

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
अंगदान जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Pradhan Mantri Jan Arogya Yojana
Ayushman Bharat
PM-JAY
(pmjay.gov.in)

मेरा अस्पताल My Hospital
meraaspatal.nhp.gov.in

ELECTROPHYSIOLOGY LAB

Division of Pediatric Neurology

DEPARTMENT OF PEDIATRICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Created: 2/22/2022 5:49:09 PM

Patient Information

Name:	ABHISHEK	**Patient ID:**	V-106-22
Test ID:	105821195		
Age:	7 years	**Gender:**	Male
Diagnosis:			

Test Information

Technologist:	Mr Suresh Kumar		
Recording Start:	2/22/2022 5:28:01 PM	**Recording Length:**	00:18:34
Recording End:	2/22/2022 5:47:27 PM		
Patient status:	Vegetative state		
Observation:	The sleep EEG shows polymorphic delta slowing of 2-3 Hz and 30-50 microvolt amplitude. No sleep markers were seen. No epileptiform activity was seen. No periodic complexes were seen. PS didn't reveal any added abnormality.		
Final Impression:	Abnormal EEG suggestive of diffuse cerebral dysfunction.		

Senior Resident

For **Dr Sheffali Gulati**
Professor Pediatric Neurology

Division of Pediatric Neurology

TEST REQUEST FORM

DEPARTMENT OF NEUROVIROL
NATIONAL INSTITUTE OF MENTAL HEALTH AND NEU
(Completed form to be sent along wit

Name of the Patient	ABHISHEK
Age and Sex	7 / M
Name of the hospital	AIIMS, New Delhi Pediatric Nemology Division
Request sent by	DR BISWAROOP CHAKRABARTY
Samples sent & date of collection	CSF IgG Measles 24-02-22
Email ID of physician (mandatory)	biswaroopchakrabarty@gmail.com kaushikmedic@gmail.com shinepuneet@gmail.com
Email ID of patient/ attender	
Email ID/IDs to which reports are to be sent (in CAPITALS)**	BISWAROOPCHAKRABARTY@GMAIL.COM SHINEPUNEET@gmail.com KAUSHIKMEDIC@GMAIL.COM

*Please specify the test to be performed. Requests with general terms like 'viral panel' or 'encephalitis panel' etc, will not be accepted.

NEUROMUSCULAR LABORATORY
Neurobiology Research Centre
National Institute of Mental Health & Neurosciences
Bangalore- 560029

Instructions for sample submission

1. Send 2 ml blood in red cap vacutainer (clotted blood) OR Yellow cap (GEL) with filled request form (single sample sufficient for performing all tests)

2. **Sample brought by patient relatives, should be submitted to Reception counter located in Ground Floor, Administrative Block, NIMHANS, Bangalore 560 029** [CASH COUNTER, open in Administrative Block on all working days from 9.00Am-3.30pm}

3. **Samples should reach between 9.00am-4.30pm on working days** (second Saturdays, Sundays holidays)

3. **SAMPLES FROM OUTSTATION CAN BE SENT BY COURIER** (well sealed vacutainers) at room temperature for serum samples and with ice pack for CSF samples. Sample should reach within 48 hrs of collection. Please ensure samples are accompanied by request form completely filled along with payment details

4. Payment modalities -
1. Cash payment at OPD cash counter, NIMHANS.
2. DD in name of Director, NIMHANS payable at Bangalore. OR
3. BANK Transfer
Account Holder's Name:- The Director, NIMHANS
Account Name:- NIMHANS Revenue Account
Bank name:- State Bank of india, NIMHANS Branch
Bank Address:- NIMHANS Branch, Hosur Road,
Bangalore 560 029
Branch Code:- 40675
SB A/c No:- 64063643613
IFSC Code:- SBIN 004 0675
MICR Code:- 560006105s

Please provide DD details/bank transaction ID details in request form

E-mail: autoimmuneneurologylab@gmail.com/mahadevananita@gmail.com
Tel: 080-26995094/26995137

...t is this manual about?

...s manual is designed to provide an overview of the services offered by the **...epartment of Neurovirology** and serve as a quick reference guide for all users.

Laboratory Management is committed to ensure stringent adherence to quality in all laboratory procedures that meet requirements of internal and external quality assessment tests and in accordance with requirements of the ISO 15189

Document Control

Electronic version of this manual is available on NIMHANS website

Location

The department of Neurovirology is located on the 2nd floor of Administrative Block, NIMHANS

Contact Us

Postal Address:

Department of Neurovirology, NIMHANS, Hosur Road, Bangalore 560 029

Phone: Off: 080-26995128, 26995126

Email: virologynimhans@gmail.com

Website: http://www.nimhans.ac.in/neurovirology

TEST REQUEST FORM

DEPARTMENT OF NEUROVIROLOGY
NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES (NIMHANS)
(Completed form to be sent along with samples)

Brief Clinical History	74yrs/♂, (N) until 6mo. ago developed myoclonic jerks → GTCS → cognitive decline At present non-ambulatory x 2mo. mute & myoclonus persisting PME phenotype ? SSPE

Diagnostic Test Requested: (Kindly tick appropriately)*

Serology: ELISA

- ☑ Measles IgG (CSF)
- ☐ Japanese encephalitis IgM (CSF)
- ☐ Japanese encephalitis IgM (Serum)
- ☐ HSV IgG (CSF)

Molecular: Real time PCR

- ☐ HSV-1 (CSF)
- ☐ Enterovirus (CSF)
- ☐ JC (CSF)
- ☐ Chikungunya(CSF)
- ☐ Chikungunya (Serum)
- ☐ Dengue (CSF)
- ☐ Dengue (Serum)
- ☐ Streptococcus pneumoniae (CSF)
- ☐ Neisseria meningitidis (CSF)
- ☐ Hemophilus influenzae (CSF)
- ☐ Influenza A H1N1 (Throat swab in viral transport medium)

*Please specify the test to be performed. Requests with general terms like 'viral panel' or 'encephalitis panel' etc, will not be accepted.

GST INVOICE/CASH MEMO

RAJDHANI PHARMA
Chemist & Druggist.
SHOP NO-3 GROUND FLOOR, PRO NO-4
VILLAGE MASJID MODH NEW DELHI-110049
Phone : 9212339525, 9717526375,9210000137
D.L.No. : 20-116666,21-116667
GST No. : 07AAXFR5368K1ZG

Inv.No. : 0023415 DATE : 04-03-2022
Name: ABHISHEK
M/s. : YOUTH HELPING TRUST
Dr. : AIIMS
Reg.:

QTY.	PACK	PARTICULARS	M.R.P.	BATCH	EXP	GST %	RATE	DIS	AMOUNT
1.000	1*200	a VALPROL SYP	124.16	TL21026	6/23	12.0	124.16	0.00	124.16
1.000	1*200M	a LEVERA SYP 200ML	785.47	L1521469	9/24	12.0	785.47	0.00	785.47
10.000	1*10	a LONAZEP 0.25 TAB	30.00	SIC1676A	5/23	12.0	3.00	0.00	30.00

HSN->a-3004 GST->CGST.95%6+6%=50.34SGST+50.34CGST, ** GET WELL SOON **

Rs. Nine Hundred Forty Only

PLEASE PAY = 940.00

*All disputes subject to NEW DELHI Jurisdication only
*Medicines without Batch No.& Exp.
will not be taken back.

for RAJDHANI PHARMA

*MEDICINE CANT BE RETRUN AFTER 15 DAYS.

E & O.E.

ORIGINAL

Deewan Diagnostics
Enhancing Health

NABL ACCREDITED LAB

AERB APPROVED CENTRE

(A Unit of Deewan Diagnostic Center)
Add:- A-1, Patel Nagar-II, Near Shaheed Sthal (New Bus Adda) Metro Station, Ghaziabad-201001
Ph.: 0120-2834144, 4132344 web.:www.deewandiagnostics.com

Name:	**ABHISHEK**	**Age/Gender:**	**7 Years / Male**
Req No:	**17386**	**Requisition Date:**	**14/01/2022**
Referred By:	**Dr. CHACHA NEHRU**	**Reporting Date :**	**14/01/2022**

MRI BRAIN PLAIN

Protocol :

MR imaging of the brain was performed using phased array coil on 1.5 Tesla scanner. High –resolution T1 and T2 weighted images were obtained in multiple planes using T1 and T2 TSE and Flair sequences .Diffusion weighted images at b0 and b1000 values and corresponding ADC maps were obtained.

Findings :

T2/FLAIR hyperintensity is seen along bilateral thalami, pons and cerebellar dentate nuclei which is isointense on T1 weighted images. No obvious blooming on GRE images. Partial restriction on diffusion is seen in bilateral cerebellar peduncle. Mild Dilatation of bilateral lateral, third and fourth ventricle is seen with periventricular FLAIR hyperintensity. No obvious mid line shift is seen.

Rest of Both cerebral hemispheres show normal grey white differentiation with normal signal intensity. No obvious focal lesion is seen.

Both basal ganglia are normal.

Rest of Brain –stem and cerebellum are normal.

No sellar or suprasellar lesion is seen.

Major intra-cranial venous sinuses show normal flow void signal.

No intra/ extra axial collection seen.

IMPRESSION: Communicating Hydrocephalus with Periventricular hyperintensities along with Hyperintensities along Bilateral Thalami, Pons and Cerebellar Dentate Nuclei....cause ? Demyelinating (ADEM).

ADVISE : CSF, CEMRI Brain and Clinical Correlation.

Dr. Swinky Rastogi
M.B.B.S,MD
Consultant Radiologist

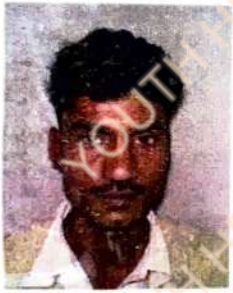
Dr. Raghav Kalra
M.B.B.S,MD
Consultant Radiologist

Dr. Ekta Tyagi
M.B.B.S,MD
Consultant Radiologist

Dr. Anil Kumar Tyagi
M.B.B.S,MD
Consultant Radiologist

भारत सरकार

Government of India



रूप सिंह

Roop Singh

जन्म तिथि / DOB : 01/01/1989

पुरुष / Male

[redacted]

मेरा आधार, मेरी पहचान

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: नत्थू सिंह, मोहल्ला मोहन, चित्र गुप्त कॉलोनी गन्दा नाला पुलिया नंबर 1, कासगंज, कासगंज, उत्तर प्रदेश, 207123

Address: S/O: Natthu Singh, mohalla mohan, chitra gupt colony ganda nala puliya number 1, Kasganj, Kasganj, Uttar Pradesh, 207123

[redacted]

1947

help@uidai.gov.in

www.uidai.gov.in

सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

रूबी

Rubi

जन्म तिथि/ DOB: 14/07/1993

महिला / FEMALE

आधार - आम आदमी का अधिकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

अर्धांगिनी: रूप सिंह,
मोहल्ला मोहन चित्र गुप्त
कॉलोनी, गन्दा नाला पुलिया
नंबर 1, कासगंज, कासगंज,
उत्तर प्रदेश - 207123

Address:

W/O: Roop Singh, Mohalla mohan
chitra gupt colony, ganda nala puliya
number 1, Kasganj, Kasganj,
Uttar Pradesh - 207123

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1800 300 1947

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Bengaluru-560 001